

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90077 026 ***150.00

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DOCUMENT # 636607

1. Entity Name
INSURANCE SERVICES, INC.



Principal Place of Business
P.O. BOX 11394
1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

Mailing Address
P.O. BOX 11394
1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1930327**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MATTHEW T ESQ.
1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	MORGAMAN, PHILIP E.	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, NEAL	
STREET ADDRESS	3251 WASHINGTON BLVD	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMILLO, JOHN M	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STEPHENSON, MARK	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, DEBORAH S	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPRUCE, WILLIAM D	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: **SIGNATURE DELETED** *Mark Stephenson 3-26-03* Date **(954) 493-6565** Daytime Phone #

CR2E034 (10/02)

Attachment

90071925

#636607

ADDITIONAL DIRECTORS AND OFFICERS:

Title: V
Name: Linda M. Dinapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name:
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: DVST
Name: Don O'Boyle
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Norm Baker
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Chris Parkinson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Nicole Boodram
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Attachment

90071925
#636607

Title: V
Name: Kumar Gursahaney
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309