

# 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

0398823 AV

**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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-1930327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete  
NAME **MORGAMAN, PHILIP E.**  
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NICHOLS, NEAL**  
STREET ADDRESS **3251 WASHINGTON BLVD**  
CITY-ST-ZIP **ARLINGTON VA 22201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CAMILLO, JOHN M**  
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **STEPHENSON, MARK**  
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **GARDNER, DEBORAH S**  
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **SPRUCE, WILLIAM D**  
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT** **Mark Stephenson 3-26-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954) 493-6565**

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