

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90228 009 ***158.75

DOCUMENT # 667651

1. Entity Name

INSURANCE SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business

**106 W 6TH AV
P. O. DRAWER 1040
WINDERMERE FL 34786**

Mailing Address

**106 W 6TH AV
P. O. DRAWER 1040
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P O Box 1040

Suite, Apt. #, etc.

P O Box 1040

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1396030

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

**MCGRATH JR, LESLIE H
306 MAGNOLIA STREET
WINDERMERE FL 32786**

7. Name and Address of New Registered Agent

Name

Ferguson, Frank B

Street Address (P.O. Box Number is Not Acceptable)

7547 Somerset Shores Ct.

Orlando, FL 32819

City

Orlando

FL

Zip Code
32819

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

Frank B. Ferguson

Frank B. Ferguson

02/05/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGRATH, LESLIE H., JR 306 MAGNOLIA ST. WINDERMERE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERGUSON, FRANK B 7547 SOMERSET SHORES CT ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ferguson, Frank B 7547 Somerset Shores Ct., Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Frank B. Ferguson
Frank B. Ferguson

02/05/03 407-876-4447
Daytime Phone #

CR2E034 (10/02)