2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 AM
Secretary of State

DOCUMENT# F00000005655

Entity Name: ORBA INSURANCE SERVICES, INC.

Current Principal Place of Business:

2355 GOLD MEADOW WAY, SUITE 100
GOLD RIVER, CA 956704443

New Principal Place of Business:

Current Mailing Address:

2355 GOLD MEADOW WAY, SUITE 100
GOLD RIVER, CA 956704443

New Mailing Address:

FEI Number: 94-2850529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CURRY, GARY	
Address:	2355 GOLD MEADOW WAY, SUITE 100	
City-St-Zip:	GOLD RIVER, CA 956704443	
Title:	VP	(X) Delete
Name:	JIMMERSON, RIK	
Address:	2355 GOLD MEADOW WAY, SUITE 100	
City-St-Zip:	GOLD RIVER, CA 956704443	
Title:	S	( ) Delete
Name:	CURRY, KATHI	
Address:	2355 GOLD MEADOW WAY, SUITE 100	
City-St-Zip:	GOLD RIVER, CA 956704443	
Title:	T	( ) Delete
Name:	CURRY, SUSAN	
Address:	2355 GOLD MEADOW WAY, SUITE 100	
City-St-Zip:	GOLD RIVER, CA 956704443	
Title:	D	( ) Delete
Name:	VAHL, JERRY	
Address:	570 CARILLON PARKWAY	
City-St-Zip:	ST. PETERSBURG, FL 33716	
Title:	D	( ) Delete
Name:	COLLINS, HERB	
Address:	570 CARILLON PARKWAY	
City-St-Zip:	ST. PETERSBURG, FL 33716	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	JACOWAY, KATHI	
Address:	2355 GOLD MEADOW WAY, SUITE 100	
City-St-Zip:	GOLD RIVER, CA 956704443	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHI JACOWAY S 03/06/2002

Electronic Signature of Signing Officer or Director Date