2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01000001255 **DOCUMENT #**

1. Entity Name

MALIBU INSURANCE SERVICES, INC.



FILED Feb 24, 2003 8:00 am § Secretary of State

02-24-2003 90250 021 ***150.00

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Principal Place of Business 88 BROAD STREET BOSTON MA 02110				Mailing Address 88 BROAD STREET BOSTON MA 02110				A stanta inu tauti nau abin rank ark		IRPO ANOTO MIŽI	1 / 1 /6 3 / 1 /64 (11 6)	
2. Principal	Place of Busine	ss	3. Ma	iling Address			_					
Suite, Apt. #, etc. Suite, Apt. #,					#, etc.			OUTON HEDE IS N	141/1410	01141105	a :	
City & State			City	City & State				CHECK HERE IF MAKING CHANGES				
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Zip 		Country	Zip	r ware carrag	Coun	try	5.	Certificate of Status Desired[J\$	8.75 Ac	dditional ed	
	6. Name a	nd Address of Curren	t Register	ed Agent			7.	Name and Address of New Regis				
LEXUS DOCUMENT SERVICES INC						Name		~				
3953 W.W. KELLEY RD.					1	Street Addres	ss (P.O. E	Box Number is Not Acceptable)				
TALLAHA	ISSEE FL 323	11 🛒				*						
					ļ	City	•••		FL	Zip Cod		
8. The above the obligat	e named entity s itions of register	submits this statement for ed agent.	or the purp	oose of changing its	registere	d office or regis	tered ag	gent, or both, in the State of Florida.	l am fa	miliar with	, and accept	
SIGNATURE	Signature, typed or	printed name of registered agent	and title if app	plicable. (NOTE	Registered	Agent signature requi	ired when r	pinetatine)				
	75-			, , , , ,		- igoni signature requi	med which h	enstating)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Torida Department of	of State					Election Campaign Financin Trust Fund Contribution.	ng 🗆		00 May Be d to Fees	
10.		OFFICERS AND		RS	11,		ΔΓ	DDITIONS/CHANGES TO OFFICERS	P AND D	VIDECTOR	0.151.44	
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I hereby certify that the information supplied with this filling 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 the analyzed and flag 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 trusted employered of execute this gridner as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proportion of the corporation of the

SIGNATURE:

اللكات الأوارا D NAME OF SIGNING OFFICER OR DIRECTOR