

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000003224

1. Entity Name

PETER C. FOY & ASSOCIATES INSURANCE SERVICES, IN  
C.**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90171 030 \*\*\*550.00

0140945 AB

Principal Place of Business

21650 OXNARD STREET SUITE 1900  
WOODLAND HILLS CA 91367

Mailing Address

21650 OXNARD STREET SUITE 1900  
WOODLAND HILLS CA 91367

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 95-4281021

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES, INC.  
526 E. PARK AVENUE, S-200  
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPST  
FOY, PETER C  
21700 OXNARD STREET, SUITE 1700  
WOODLAND HILLS CA 91367☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE034 (4/02)

Attachments

676694  
#FO 1000003224

8 August 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Uniform Business Report – Peter C. Foy & Associates  
State of Florida**

To Whom It May Concern:

Please find enclosed all materials necessary for the processing of Peter C. Foy & Associates' Uniform Business Report for the above named state.

I very much appreciate our prompt assistance in the processing of this paperwork.

Should you have any questions, please feel free to contact me at any time, my email address is [kari@pcfoy.com](mailto:kari@pcfoy.com).

Thank you,

*Kari Templin*

Kari Templin

Encl.

**PETER C. FOY & ASSOCIATES**  
INSURANCE SERVICES INCORPORATED

Brokers • Consultants • Administrators  
21650 Oxnard St. • Suite 1900 • Woodland Hills, CA 91367  
Phone (818) 703-8057 • Risk Management Fax (818) 225-8830 • Employee Benefits Fax (818) 703-0935