

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90161 040 ***150.00

DOCUMENT # F02000003811

1. Entity Name
ICBFS INSURANCE SERVICES, INC.

Principal Place of Business
**775 RIDGE LAKE BLVD., STE. 185
MEMPHIS, TN 38120**

Mailing Address
**775 RIDGE LAKE BLVD., STE. 185
MEMPHIS, TN 38120**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1849047

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABBATE, ANTHONY	
STREET ADDRESS	PARK 80 WEST/PLAZA 2	
CITY-ST-ZIP	SADDLE BROOK, NJ 07663	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUENTHER, KENNETH	
STREET ADDRESS	ONE THOMAS CIRCLE NW, STE 400	
CITY-ST-ZIP	WASHINGTON, DC 20005	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULLEDGE, ROBERT	
STREET ADDRESS	HWY 104 & PALMER, P.O. BOX 569	
CITY-ST-ZIP	ROBERTSDALE, AL 36667	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, CLAY	
STREET ADDRESS	483 MAIN ST.	
CITY-ST-ZIP	HARLEYSVILLE, PA 194350195	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIFFE, JAMES	
STREET ADDRESS	340 W. MAIN ST., P.O. BOX 1128	
CITY-ST-ZIP	ABINGDON, VA 24210	
TITLE	C	<input type="checkbox"/> Delete
NAME	RUYLE, NANCY	
STREET ADDRESS	100 E FRONT ST, P.O. BOX 50	
CITY-ST-ZIP	ROGERSVILLE, MO 65742	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Pierce Stone	
STREET ADDRESS	114 Industrial Dr PO Box 888	
CITY-ST-ZIP	Louisa VA 23093	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold L. DeVries	
STREET ADDRESS	518 Lincoln Rd, PO Box 218	
CITY-ST-ZIP	Sauk Centre MN 56378	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William W. Reid	
STREET ADDRESS	775 Ridge Lake Blvd Ste 185	
CITY-ST-ZIP	Memphis TN 38120	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Teagno	
STREET ADDRESS	2107 Wilson Blvd Ste 400	
CITY-ST-ZIP	Arlington VA 22201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Harold L. DeVries

Harold L. DeVries

2/20/03

320/352-6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)