

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**  
 01-15-2002 90006 005 \*\*\*158.75

CR2E034 (9/01)

**DOCUMENT # F41235**

1. Entity Name

**INSURANCE INDUSTRY CONSULTANTS, INC.**

Principal Place of Business

**420 E. JEFFERSON ST  
 #201  
 TALLAHASSEE FL 32301  
 US**

Mailing Address

**420 E. JEFFERSON ST  
 #201  
 TALLAHASSEE FL 32301  
 US**

2. Principal Place of Business

**850 E. PARK AVE.  
 Suite, Apt. #, etc.**

3. Mailing Address

**850 E. PARK AVE.  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**TALLAHASSEE FL**

City & State

**TALLAHASSEE FL**

4. FEI Number

**59-2135907**

Applied For

Not Applicable

Zip

**32301**

Country

**U.S.A.**

Zip

**32301**

Country

**USA**

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TRAFTON, MARK III  
 3505 DEER LANE DR  
 TALLAHASSEE FL 32312**

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.

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>TRAFTON, MARK, III</b>	
STREET ADDRESS	<b>3505 DEER LANE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**MARK TRAFTON III**  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/09/02 850-222-2721**

Date

Daytime Phone #