

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90010 041 ***150.00

DOCUMENT # F80284
 Entity Name
NATIONAL INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
REGISTRATION OFFICE: POYDRAS ST., LEGAL DEPT. ORLEANS LA 70130
ADMINISTRATIVE OFFICE: 601 POYDRAS ST., LEGAL DEPT. NEW ORLEANS LA 70130 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2269049** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITAKER, DANIEL D
712 S. OREGON AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD RYAN, HAROLD J 601 POYDRAS STREET NEW ORLEANS LA 70130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM T. STEEN 601 POYDRAS STREET NEW ORLEANS, LA 70130
SD STEEN, WILLIAM T 601 NEW ORLEANS LA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEGGY B. SCOTT 601 POYDRAS STREET NEW ORLEANS, LA 70130
D ROBERTS, JOHN K. JR. 601 POYDRAS ST NEW ORLEANS LA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TODD G. SCHEXNAYDER 601 POYDRAS STREET NEW ORLEANS, LA 70130
D LEBLANG, SIDNEY A 601 POYDRAS STR NEW ORLEANS LA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAN S. JOBE 601 POYDRAS STREET NEW ORLEANS, LA 70130
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *WILLIAM T. STEEN* **WILLIAM T. STEEN, PRESIDENT (504) 566-3782**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)