

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80284

Entity Name
NATIONAL INSURANCE SERVICES, INC.

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

Principal Place of Business
OFFICE:
POYDRAS ST., LEGAL DEPT.
ORLEANS LA 70130

Mailing Address
ADMINISTRATIVE OFFICE:
601 POYDRAS ST., LEGAL DEPT.
NEW ORLEANS LA 70130
US

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D LEBLANC, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 WILLIAM T. STEEN, PRESIDENT (504) 566-3782 Date Daytime Phone #