

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002215

1. Entity Name

SRC INSURANCE SERVICES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90101 006 ***150.00

Principal Place of Business
115 ATRIUM WAY
STE 210
COLUMBIA SC 29223
US

Mailing Address
P.O. BOX 23579
COLUMBIA SC 29224-3579

2. Principal Place of Business
221 Dawson Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Columbia SC
Zip
29223
Country
USA

City & State

4. FEI Number 57-0640344

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.

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, 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

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	PETERSON, GERALD D	
STREET ADDRESS	32 UPPER POND RD	
CITY-ST-ZIP	COLUMBIA SC 29223	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERSON, DIANNA C	
STREET ADDRESS	32 UPPER POND RD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Gerald D. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

803-865-3730

Daytime Phone #