

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90012 046 ***150.00

DOCUMENT # F94000002700

1. Entity Name

INSURANCE EXPRESS SERVICES, INC.

Principal Place of Business

Mailing Address

**6405 MIRA MESA BLVD
 SAN DIEGO CA 92121
 US**

**402 W BROADWAY
 STE 1600
 SAN DIEGO CA 92101-8522
 US**

2. Principal Place of Business

3. Mailing Address

402 West Broadway, #740
 Suite, Apt. #, etc.

402 W. Broadway, #740
 Suite, Apt. #, etc.

City & State

City & State

San Diego, CA

San Diego, CA

Zip

Country

Zip

Country

92101

US

92101

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIQ CORPORATE SERVICES, INC.
 526 E. PARK AVE., #200
 TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BLOOM, ROBERT**
 CITY-ST-ZIP **6405 MIRA MESA BLVD 1ST FLOOR
 SAN DIEGO CA 91212**

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **Bloom, Robert A.**
 CITY-ST-ZIP **402 W. Broadway, #740
 San Diego, CA 92101**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **HARMON, MARIANNE**
 CITY-ST-ZIP **402 W BROADWAY STE 1400
 SAN DIEGO CA 92101**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KILKENNY, PATRICK J**
 CITY-ST-ZIP **402 W BROADWAY STE 1600
 SAN DIEGO CA 92101**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Robert Bloom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Bloom

Date

Daytime Phone #

CR2E034 (9/99)