

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90238 031 ***150.00

0612427 AV

DOCUMENT # F95000002325

1. Entity Name
IFS INSURANCE AGENCY, INC.



Principal Place of Business
**221 E FOURTH
SUITE 300
CINCINNATI OH 45202
US**

Mailing Address
**221 E FOURTH
SUITE 300
CINCINNATI OH 45202
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1334221**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRUDER, JILL T 221 E FOURTH STE 300 CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAULBEE, RICHARD 400 BROADWAY CINCINNATI OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATERS, JAMES R JR 311 PIKE STREET CINCINNATI OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUEBBLING, DONALD J 400 BROADWAY CINCINNATI OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANCE, JAMES J 400 BROADWAY CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDWIN, WILLIAM 400 BROADWAY CINCINNATI OH	☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

513-629-1426

Date Daytime Phone #

CR2E034 (10/02)