

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90078 044 ***150.00

DOCUMENT # F96000006758

1. Entity Name

HUNTINGTON INSURANCE AGENCY SERVICES, INC.

Principal Place of Business

**41 S. HIGH ST
HCO640
COLUMBUS OH 43287**

Mailing Address

**41 S. HIGH ST
HCO640
COLUMBUS OH 43287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1373034

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, 2002 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 **P** ☐ Delete
NAME **MOORE, MICHAEL E**
STREET ADDRESS **541 BUTTERMILK PIKE, STE 301**
CITY-ST-ZIP **CRESENT SPRINGS KY 41017**

TITLE **T** ☐ Delete
NAME **VANFLEET, JOHN D**
STREET ADDRESS **41 S. HIGH ST**
CITY-ST-ZIP **COLUMBUS OH 43287**

TITLE **S** ☐ Delete
NAME **MORTON, DANIEL W**
STREET ADDRESS **41 S. HIGH ST**
CITY-ST-ZIP **COLUMBUS OH 43287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, MICHAEL E 541 BUTTERMILK PIKE, STE 301 CRESENT SPRINGS KY 41017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANFLEET, JOHN D 41 S. HIGH ST COLUMBUS OH 43287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORTON, DANIEL W 41 S. HIGH ST COLUMBUS OH 43287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CHECK REQUEST
CORPORATION # 0131
COST CENTER # 013101
G/L # 52416 **AMOUNT \$** 150.00
G/L # **AMOUNT \$**
G/L # **AMOUNT \$**
G/L # **AMOUNT \$**
G/L # **AMOUNT \$**

"2002 UBR"

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT



DO NOT WRITE IN THIS SPACE