

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001922

1. Entity Name

ASCENSUS INSURANCE SERVICES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90062 011 ***150.00

Principal Place of Business

Mailing Address

560 E. 2ND S., #340
SALT LAKE CITY UT 84102

560 E. 2ND S., #340
SALT LAKE CITY UT 84102-2058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1315874

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLARK, JUNE
2016 S. ORANGE AVE.
ORLANDO FL 32806

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 W. J. Christensen

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 PD ☐ Delete
NAME REYNOLDS, LEONARD L
STREET ADDRESS 560 E. 2ND S., #340
CITY-ST-ZIP SALT LAKE CITY UT 84102

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

TITLE VD ☐ Delete
NAME CHRISTENSEN, WARREN J
STREET ADDRESS 560 E. 2ND S., #340
CITY-ST-ZIP SALT LAKE CITY UT 84102

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

TITLE S ☐ Delete
NAME TIERNEY, MARIANNE
STREET ADDRESS 560 E. 2ND S., #340
CITY-ST-ZIP SALT LAKE CITY UT 84102

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

TITLE T ☐ Delete
NAME REYNOLDS, TREY L
STREET ADDRESS 560 E. 2ND S., #340
CITY-ST-ZIP SALT LAKE CITY UT 84102

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

TITLE D ☐ Delete
NAME MCGORY, SUSAN
STREET ADDRESS CNA PLAZA, 34TH FLOOR
CITY-ST-ZIP CHICAGO IL 60685

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

TITLE D ☐ Delete
NAME ARROWSMITH, JAMES
STREET ADDRESS 2262 GAMBEL OAK DR.
CITY-ST-ZIP SANDY UT 84092

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:

W. J. Christensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARDEN J. CHRISTENSEN

Date

Daytime Phone #

4/5/00 801 532 6660

CR2E034 (9/99)