

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90004 012 ***558.75

DOCUMENT # F97000006807

1. Entity Name

INS SERVICE INC.

Principal Place of Business

1 IVYBROOK BLVD., #140
 IVYLAND PA 18974

Mailing Address

1 IVYBROOK BLVD., #140
 IVYLAND PA 18974

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

23-2845282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNISELY, BENJAMIN
739 ANTALYA CT.
PUNTA GRODA FL 33950-8001

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P <input type="checkbox"/> Delete
NAME	MARTIN, SYDNEY F
STREET ADDRESS	1 IVYBROOK BLVD., #140
CITY-ST-ZIP	IVYLAND PA 18974
TITLE	VP <input checked="" type="checkbox"/> Delete 5/8/00
NAME	KASPER, MARK
STREET ADDRESS	1 IVYBROOK BLVD., #140 c/o INS. INC
CITY-ST-ZIP	IVYLAND PA 18974
TITLE	S <input type="checkbox"/> Delete
NAME	BLANTON, DAVID
STREET ADDRESS	1 IVYBROOK BLVD., #140
CITY-ST-ZIP	IVYLAND PA 18974
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD P. BROHM c/o INS. INC
STREET ADDRESS	1 IVYBROOK BLVD. SUITE #140
CITY-ST-ZIP	IVYLAND, PA 18974
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE OF REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 **215-675-5110**
 Date Daytime Phone #

CFR2E034 (5/00)