

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90035 045 \*\*\*150.00

**DOCUMENT # F99000004140**

1. Entity Name

**EXPORT INSURANCE SERVICES, INC.**

Principal Place of Business

**3495 PIEDMONT RD., NE  
 STE 810, BLDG 11  
 ATLANTA GA 30305**

Mailing Address

**P.O. BOX 11602  
 ATLANTA GA 30355-1602**

040200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3685 Old Petersburg Road P.O. Box 211837**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste. 150**

City & State

City & State

**Martinez, GA Augusta, GA**

Zip

Country

Zip

Country

**30907 USA 30917-837 USA**

4. FEI Number

**58-1847884**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete  
 NAME **BOGER, RICHARD L**  
 STREET ADDRESS **3495 PIEDMONT RD., NE STE 810., BLDG 11**  
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **S** ☒ Delete  
 NAME **BOGER, HARRIET O**  
 STREET ADDRESS **3495 PIEDMONT RD., NE STE 810., BLDG 11**  
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **CD** ☐ Delete  
 NAME **WILSON, GAIL H.**  
 STREET ADDRESS **3495 PIEDMONT RD., NE STE 810., BLDG 11**  
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.17.02**

CR2E034 (9/01)