

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

00 JUN 12 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G11618

1. Entity Name

INSURANCE SERVICES ADMINISTRATION COMPANY, INC.

Principal Place of Business

Mailing Address

2536 Countryside Blvd
Sixth Floor
Clearwater FL 33763

2536 Countryside Blvd
Sixth Floor
Clearwater FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2234588

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THORNTON, R. MAURY
2536 COUNTRYSIDE BLVD
SIXTH FLOOR
CLEARWATER FL 33763

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, 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	PDT	<input type="checkbox"/> Delete
NAME	Boesch, R. Gary	
STREET ADDRESS	2536 Countryside Blvd, 6th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Patrick, S. Wanita	
STREET ADDRESS	2536 Countryside Blvd, 4th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boesch III, W. Kenneth	
STREET ADDRESS	2536 Countryside Blvd, 4th Fl	
CITY-ST-ZIP	Clearwater FL 33763	
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		

400003313424-4
-07/05/00--01094--003
*****61.25 *****61.25

LS

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Boesch III
~~Gary R. Boesch~~

Date

6/5/00

Daytime Phone #

(727) 726-0726

CR2E034 (9/99)