

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90049 005 ***150.00

DOCUMENT # G11618

1. Entity Name
INSURANCE SERVICES ADMINISTRATION CO., INC.

Principal Place of Business
2536 COUNTRYSIDE BLVD.
6TH FLOOR
CLEARWATER FL 33763
US

Mailing Address
2536 COUNTRYSIDE BLVD.
6TH FLOOR
CLEARWATER FL 33763
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2234588**

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

SHATANOFF, ROBERT HARRY
2536 COUNTRYSIDE BLVD.
6TH FLOOR
CLEARWATER FL 34623

North, Heather L.
2536 Countryside Blvd.
Sixth Floor
Clearwater
FL Zip Code **33763**

8. The above named agent is the registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Heather L. North

HEATHER L. NORTH **4-17-02.**

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 NAME STREET ADDRESS CITY-ST-ZIP	PDT BOESCH, R. GARY 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOESCH, W. KENNETH III 2536 COUNTRYSIDE BLVD., 4TH FLOOR CLEARWATER FL 33763	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

GARY R. BOESCH
GARY R. BOESCH

4-17-02. (727)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)