

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90043 002 ***150.00

DOCUMENT # G53681

1. Entity Name

HMS INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

400 SAWGRASS CORPORATE PWY
 SUNRISE FL 33325
 US

P O BOX 551540
 FT LAUDERDALE FL 33355-1540
 US

2. Principal Place of Business

3. Mailing Address

1625 N.W. 136th Ave.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stk-200

City & State

City & State

Ft. Lauderdale, FL 33323

Zip

Country

Zip

Country

33323

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2388171**

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

STARRETT CYNTHIA
400 SAWGRASS CORPORATE PKWY
SUNRISE FL 33325

Name

Cynthia J. Starrett

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

1625 N.W. 136th Ave., Stk. 200

City
 Ft. Lauderdale

FL

Zip Code
 33323

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

Cynthia J. Starrett

Signature, typed or printed name of registered agent and title if applicable.

Cynthia J. Starrett

(NOTE: Registered Agent Signature required when reinstating)

1/20/00

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 **P** Delete
 NAME **PYLES ALAN**
 STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
 CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **P** Change Add
 NAME **Kenneth E. Harthausen**
 STREET ADDRESS **1625 n.w. 136th Ave., Stk. 200**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33323**

TITLE **V** Delete
 NAME **WOLK HOWARD**
 STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
 CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **V** Change Add
 NAME **1625 n.w. 136th Ave., Stk 200**
 STREET ADDRESS **Ft. Lauderdale, FL 33323**
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **STARRETT CYNTHIA**
 STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
 CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **ST** Change Add
 NAME **1625 n.w. 136th Ave., Stk. 200**
 STREET ADDRESS **Ft. Lauderdale, FL 33323**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Change Add
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TITLE Delete
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TITLE Change Add
 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:

Cynthia J. Starrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia J. Starrett

1/20/00

Date

954-845-9100

Daytime Phone #