

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 08:00 AM
Secretary of State

DOCUMENT # H00982

1. Entity Name
UNDERWRITERS SERVICES, INC.

Principal Place of Business
 401 E JACKSON ST
 SUITE 1700
 TAMPA FL 33602 US

Mailing Address
 P O BOX 1348
 TAMPA FL 33601 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2404385
 Applied For
 Not Applicable

Zip Country
 33602 US

Zip Country
 33601 US

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

GRAMMIG LAUREL L.
 401 E JACKSON ST SUITE 1700
 TAMPA FL 33602 US

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 _____ DATE **03/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME VPAS
 STREET ADDRESS DONEGAN, JR. THOMAS M
 CITY-ST-ZIP 401 E. JACKSON ST., STE. 1700 TAMPA FL 33602

TITLE Delete
 NAME T
 STREET ADDRESS JIM W. HENDERSON
 CITY-ST-ZIP 220 S RIDGEWOOD AVE DAYTONA BEACH FL

TITLE Change Addition
 NAME T
 STREET ADDRESS WALKER CORY T
 CITY-ST-ZIP 220 S RIDGEWOOD AVE DAYTONA BEACH FL 32114

TITLE Delete
 NAME C
 STREET ADDRESS BROWN HYATT J
 CITY-ST-ZIP 220 S RIDGEWOOD AVE DAYTONA BEACH FL

TITLE Change Addition
 NAME C
 STREET ADDRESS BROWN HYATT J
 CITY-ST-ZIP 220 S RIDGEWOOD AVE DAYTONA BEACH FL 32114

TITLE Delete
 NAME VPSD
 STREET ADDRESS GRAMMIG LAUREL L
 CITY-ST-ZIP 401 E. JACKSON ST., STE 1700 TAMPA FL 33602

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **LAUREL L. GRAMMIG** DVPS 03/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)