

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90065 019 ***150.00

DOCUMENT # H31074

1. Entity Name

INSURANCE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**486 OSCEOLA AVE
 JACKSONVILLE BEACH FL 32250
 US**

**2140 SHILOH DR
 CASTLE ROCK CO 80104-2366
 US**

2. Principal Place of Business

2140 Shiloh Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Castle Rock, Colorado

City & State

Zip

Country

80104

US

Country

4. FEI Number

59-2469332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOMBLE, PATRICIA M
 2446 SNOWY EGRET DRIVE
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name: **Lewis P. King**
 Street Address (P.O. Box Number is Not Acceptable): **5442 W. River Trail Road S.**
 City: **Jacksonville** FL Zip Code: **32217**

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

Lewis P. King **LEWIS P. KING**

3-22-2000

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|------|
| TITLE | NAME | TITLE | NAME |
| P <input type="checkbox"/> Delete | WHITNEY RICK J 2140 SHILOH DR CASTLE ROCK CO | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| VP <input checked="" type="checkbox"/> Delete | WOMBLE, PATRICIA 2446 SNOWY EGRET DRIVE JACKSONVILLE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TS <input type="checkbox"/> Delete | WHITNEY MARY 2140 SHILOH DRIVE CASTLE ROCK CO | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: *Rick J. Whitney* **Rick J. Whitney** **3/9/00** **303-660-8230**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)