

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31074

1. Entity Name

INSURANCE SOLUTIONS, INC.

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

03-29-2000 90065 019 \*\*\*150.00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITNEY RICK J	
STREET ADDRESS	2140 SHILOH DR	
CITY-ST-ZIP	CASTLE ROCK CO	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOMBLE, PATRICIA	
STREET ADDRESS	2446 SNOWY EGRET DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WHITNEY MARY	
STREET ADDRESS	2140 SHILOH DRIVE	
CITY-ST-ZIP	CASTLE ROCK CO	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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)