

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT #</b> <span style="font-size: 1.5em; font-family: cursive;">J65147</span> <b>1. Entity Name</b> <span style="font-size: 1.2em; font-family: cursive;">JWGenesis Insurance Services, Inc.</span>																															
Principal Place of Business		Mailing Address																													
<b>2. Principal Place of Business</b> <span style="font-size: 1.2em; font-family: cursive;">980 North Federal Highway</span> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> <span style="font-size: 1.2em; font-family: cursive;">Corporation Service Company</span> <small>Suite, Apt. #, etc.</small> <span style="font-size: 1.2em; font-family: cursive;">1201 Hays Street</span>																													
<b>City &amp; State</b> <span style="font-size: 1.2em; font-family: cursive;">Boca Raton, FL</span>		<b>City &amp; State</b> <span style="font-size: 1.2em; font-family: cursive;">Tallahassee FL</span>																													
<b>Zip</b> <span style="font-size: 1.2em; font-family: cursive;">33432</span>	<b>Country</b> <span style="font-size: 1.2em; font-family: cursive;">USA</span>	<b>Zip</b> <span style="font-size: 1.2em; font-family: cursive;">32301</span>	<b>Country</b> <span style="font-size: 1.2em; font-family: cursive;">USA</span>																												
<b>4. FEI Number</b> <span style="font-size: 1.2em; font-family: cursive;">59-2791070</span>		<b>Applied For</b> <input type="checkbox"/> Not Applicable																													
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																															
<b>6. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em; font-family: cursive;">Corporation Service Company</span> <span style="font-size: 1.2em; font-family: cursive;">1201 Hays Street</span> <span style="font-size: 1.2em; font-family: cursive;">Tallahassee, FL 32301</span>		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> _____ <b>Street Address (P.O. Box Number is Not Acceptable)</b> _____ <b>City</b> <span style="float: right;"><b>FL</b></span> <b>Zip Code</b> _____																													
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE</b> <span style="font-size: 1.2em; font-family: cursive;">Laura R. Dunlap</span>  <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>as its agent</b>  <span style="font-size: 1.2em; font-family: cursive;">6/7/01</span>  <small>DATE</small> </div> </div>																															
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>																													
<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																															
<div style="display: flex;"> <div style="flex: 1;"> <b>11. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </td> <td style="width: 70%;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> <span style="font-size: 1.2em; font-family: cursive;">Vice President</span>  <span style="font-size: 1.2em; font-family: cursive;">Carol R. Mullis</span>  <span style="font-size: 1.2em; font-family: cursive;">301 S. 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<b>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.</b>																															
<b>SIGNATURE:</b> <span style="font-size: 1.2em; font-family: cursive;">Carol R. Mullis</span> <span style="float: right;"><b>(Vice President)</b></span> <div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <small>Date</small> <span style="font-size: 1.2em; font-family: cursive;">6/5/2001</span> </div> <div> <small>Daytime Phone #</small> </div> </div>																															

CR2E034 (11/00)

400004367834-7

mw



ACCOUNT NO. : 072100000032

REFERENCE : 175774 167868A

AUTHORIZATION : *Patricia Piggett*

COST LIMIT : \$ 550.00

ORDER DATE : June 6, 2001

ORDER TIME : 11:38 AM

ORDER NO. : 175774-020

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell  
First Union Corporation  
One First Union Center, Nc0630  
Legal Division-31st Floor  
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: JWGENESIS INSURANCE SERVICES,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS:

*mw*

RECEIVED  
01 JUN -6 PM 12:04  
DIVISION OF CORPORATION