

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1082

UNIFORM  
AV

DOCUMENT # J65147

1. Entity Name  
JWGENESIS INSURANCE SERVICES, INC.



FILED

03 JAN 30 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FL 32301



☐ CHECK HERE IF MAKING CHANGES

03

Principal Place of Business  
980 N. FEDERAL HIGHWAY  
SUITE 310  
BOCA RATON FL 33432-2740

Mailing Address  
C/O CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2791070

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME MULLIS, CAROL R  
STREET ADDRESS 3015 COLLEGE STREET  
CITY-ST-ZIP CHARLOTTE NC 28288 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME MITCHELL, APRILLE M  
STREET ADDRESS 3015 COLLEGE STEET  
CITY-ST-ZIP CHARLOTTE NC 28288 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME COSTELLO, PAUL F  
STREET ADDRESS 901 E. BYRD STREET  
CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RANDA, RICHARD G  
STREET ADDRESS 901 E. BYRD STREET  
CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME VORLOP, ROBERT W  
STREET ADDRESS 901 E. BYRD STREET  
CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE J. Craig Brentzel  
NAME President  
STREET ADDRESS 901 E. Byrd Street  
CITY-ST-ZIP Richmond, VA 23219 ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carol R. Mullis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

(704) 374-6612

Date

Daytime Phone #

CR2E034 (10/02)



2012

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 913610 167868A

AUTHORIZATION

COST LIMIT : \$ 150.00

*Patricia Pizant*

ORDER DATE : January 30, 2003

ORDER TIME : 2:07 PM

ORDER NO. : 913610-010

CUSTOMER NO: 167868A

CUSTOMER: Ms. Mindi O'hayre  
Wachovia Corporation  
One First Union Center, Nc0630  
301 South College Street-30th  
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: Norma Parramore-EXT#1147

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 JAN 30 PM 3:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA