

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90129 023 ***150.00

DOCUMENT # L83397

Entity Name
HUGH BARNDOLLAR INSURANCE SERVICES, INC.

Principal Place of Business 322 CONGRESS STREET NEW PORT RICHEY FL 34653 US	Mailing Address 7622 CONGRESS STREET NEW PORT RICHEY FL 34653 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number 59-3014098	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNDOLLAR, HUGH O 7622 CONGRESS ST NEW PORT RICHEY FL 34653		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

3. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete BARNDOLLAR, HUGH 14119 POINTE ANNE DRIVE ODESSA FL 33556	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete BARNDOLLAR, CAROL 14119 POINTE ANNE DRIVE ODESSA FL 33556	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

3. 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 _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)