

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90274 006 ***150.00

DOCUMENT # L86286

1. Entity Name
FIRST LENDERS INSURANCE SERVICES, INC.



Principal Place of Business
**13400 SUTTON PARK DR. S.
SUITE 1203
JACKSONVILLE FL 32224
US**

Mailing Address
**13400 SUTTON PARK DR. S.
SUITE 1203
JACKSONVILLE FL 32224
US**



2. Principal Place of Business
**13901 Sutton Park Dr South
Suite #120**

3. Mailing Address
Same

City & State
Jacksonville, FL
Zip
32224 Country
USA

City & State

4. FEI Number
59-3019940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SARVADI, GERALD S.
13400 SUTTON PARK DR. S.
SUITE 1203
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name
Derek Stewart
Street Address (P.O. Box Number is Not Acceptable)
13901 Sutton Park Dr South Suite #120
City
Jacksonville FL Zip Code
32224

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

(NOTE: Registered Agent signature required when reinstating)

7/27/03
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

TITLE	CP	<input type="checkbox"/> Delete
NAME	SARVADI, GERALD S	
STREET ADDRESS	13400 SUTTON PARK DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARKER, GUY W	
STREET ADDRESS	13400 SUTTON PARK DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVADI, GERALD S	
STREET ADDRESS	13901 SUTTON PARK DR S, SUITE 120	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, GUY W	
STREET ADDRESS	13901 SUTTON PARK DR. S, SUITE 120	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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		

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-223-2122

CR2E034 (10/02)