

2001 UNIFORM BUSINESS REPORT (UBR)

0031032 AB

DOCUMENT # M000000000007

1. Entity Name
INSURANCE SERVICES OF AMERICA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 3:16

Principal Place of Business

751 DAILY DR. SUITE 300
CAMARILLO CA 93010

Mailing Address

751 DAILY DR. SUITE 300
CAMARILLO CA 93010

2. Principal Place of Business

300 Esplanade Drive
Suite, Apt. #, etc.
2100

3. Mailing Address

PO Box 9205

City & State

Oxnard, California

City & State

Oxnard, California

4. FEI Number

95-4626880

Applied For

Not Applicable

Zip

93030

Country

US

Zip

93030-9205

Country

US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☒ Delete
NAME BRAUN, STANLEY
STREET ADDRESS 751 DAILY DR. SUITE 300
CITY-ST-ZIP CAMARILLO CA 93010

TITLE MGR ☐ Delete
NAME BRAUN, STANLEY
STREET ADDRESS 300 Esplanade Drive, Suite 2100
CITY-ST-ZIP Oxnard, CA 93030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/23/01 (805) 981-2220

CR2E083 (11/00)