

7/25/02

FILED
Aug 25, 2002 8:00 am
Secretary of State

07-25-2002 90128 048 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001749

1. Entity Name
FSF INSURANCE AGENCY LLC

Principal Place of Business
301 GIBRALTAR DR.
MORRIS PLAINS NJ 07960

Mailing Address
301 GIBRALTAR DR.
MORRIS PLAINS NJ 07960

2. Principal Place of Business
85 Challenger Road
Suite, Apt. #, etc.
5th floor
City & State
Ridgefield Park
Zip
07660

3. Mailing Address
→ **same**
Suite, Apt. #, etc.
→ **same**
City & State
→ **same**
Zip
→ **same**
Country
→ **same**



DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3816569

Applied For
Not Applicable

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. 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE manager	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Melton Investor Services Group LLC		NAME	
STREET ADDRESS 85 Challenger Rd.		STREET ADDRESS	
CITY-ST-ZIP Ridgefield Park NJ 07660		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CRS2002 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

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

7/17/02 **(412) 234-1334**

JOANNE S. HUBER, STATE TAX MANAGER

Daytime Phone #