

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90807 034 ****50.00

DOCUMENT # M02000001550

1. Entity Name

NATIONAL UNDERWRITING SERVICES, LLC



Principal Place of Business

**7900 MIAMI LAKES DRIVE WEST, SUITE 100
MIAMI LAKES FL 33016**

Mailing Address

**7900 MIAMI LAKES DRIVE WEST, SUITE 100
MIAMI LAKES FL 33016**

2. Principal Place of Business

3. Mailing Address

17911 Von Karman Ave

Suite, Apt. #, etc.

Suite 300

City & State

Irvine, CA

Zip

92614

Country

USA

City

Irvine

State

CA

Zip Code

92614

Country

USA

00047417



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0693657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, WILLIAM P II 4050 CALLE REAL, SUITE 200 SANTA BARBARA CA 93110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONE, PATRICK F 4050 CALLE REAL, SUITE 200 SANTA BARBARA CA 93110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STINSN, AL 4050 CALLE REAL, SUITE 200 SANTA BARBARA CA 93110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Foley, William P. II 4050 Calle Real Suite 200 Santa Barbara, CA 93110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abbinante, Christopher 4050 Calle Real, Suite 200 Santa Barbara, CA 93110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stinson, Al 4050 Calle Real, Suite 200 Santa Barbara, CA 93110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/26/03 305-820-3977

CR2E083 (10/02)