## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 21, 2001 8:00 am **DOCUMENT # M99731 Secretary of State** SOUTH FLORIDA INSURANCE SERVICES, INC. 02-21-2001 90061 049 \*\*\*150.00 Principal Place of Business Mailing Address % WILLIAM R. HEISLER % WILLIAM R. HEISLER 5200 BLUE LAGOON DRIVE. #750 5200 BLUE LAGOON DR., #750 MIAMI FL 33126 MIAM! FL 33126 2. Principal Place of Business 3. Mailing Address 7501 Buchanan St. 7501 Buchanan St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0076858 ${ t Hollywood}$ , Hollywood. Not Applicable Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33024-6828 33024-6**6**28 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R Heisler William HEISLER, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DR., #750 <u>7501 Buchanan St</u> MIAMI FL 33126 Zip Code 33024-6828 Hollywood burpose of changing its registered office or registered agent, or both, in the State of Florida, SIGNATURE \_ ared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete XX Change Addition TITLE TITLE 7501 Buchanan St. HEISLER, WILLIAM R. NAME STREET ADDRESS 7501 BUCHANAN ST STREET ADDRESS Hollywood, Fl. 33024-6828 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete NAME DENISON, DORIS NAME STREET ADDRESS 143 YACHT CLUB DR # 6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete Addition TITLE ☐ Change TITLE\_ NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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. William RHeisler 2/15/01 954-894-2697 SIGNATURE: