2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

101 N MONROE ST

TALLAHASSEE FL 32301-1546

STE 1000

DOCUMENT # **N93000005597**

101 N MONROE ST

TALLAHASSEE FL 32301

STE 1000

Principal Place of Business

SHARED MARKET INSURANCE SERVICES, INC.

US US					1188801	HE 1848 IND ADUS HOUR BERL ERRY (7 84)	ALE ALE TENE	HOI 1881 1881	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-3215470			Applied For	7
Zip Country		Zip Cou					\$8.75 A		1
				•	5. Certificate of Status Desired Fee Required				}
	6. Name and Address of Current F	egistered Agent			7. Name and	Address of New Registered	Agent]
				Name -					
AUCHANAANI JAANEE NA JD				Street Address (P.O. Box Number is Not Acceptable)					
NEWMAN, JAMES W JR. 101 N MONROE ST						.			-
STE 1000	MNOE OI]
TALLAHASSEE FL 32301				City		FI	L Zip Co	de	ĺ
	named entity submits this statement for	the nurpose of changing its	registered o	office or regis	tered agent, or bot	h, in the state of Florida.			1
o. The above	That had critical substitution for	the purpose of ortaliging to	ogioto.ou t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0.00 a.go///, 0/ =0/	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE .		ANOTE MOTE	Desistand An	Ant signature regu	irad when reinstation)	DATE			
	Signature, typed or printed name of registered agent ar	no title if applicable. (NOTE	. Hegistered Ag	enti signature requ	ired when reinstating)	UNIE]
		• Flaction Committee	- '			Maka Chash	. Davable 4		
	FILE NOW:				.00 May Be ded to Fees	Make Check Departmer			
	FEE IS \$61.25	most rand continue	20000		Jec 10 1 ees	Departmen	it or state		
			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CD	☐ Delete	TITLE	C/I)			Addition	
NAME	CAMERON, JOSEPH W		NAME	Car	neron, Jos	eph W.			9
STREET ADDRESS	1835 S RIDGEWOOD AVENUE	-	STREET A		35 South R	idgewood Avenue			F037
CITY-ST-ZIP	SOUTH DAYTONA FL		CITY-ST-	501		a. FL 32119			18
TITLE	D	☐ Delete	TITLE	D/S		☐ Change ☐ Addition			
NAME	BARNHILL, WILLIAM A		NAME CERTET A		chhill, William A.				
STREET ADDRESS CITY-ST-ZIP	501 N FERDON BLVD.		STREET A	_	501%North Ferdon Boulevard Crestview, FL 32536				
	CRESTVIEW FL	Delete	TITLE	T/I		<u> </u>	K Change	Addition	1
TITLE NAME	MCCRARY JESSE J.	☐ Delete	NAME		Crary, Jes	se J.	EE Change		
STREET ADDRESS	2800 BISCAYNE BLVD. STE. 800		STREET A			e Blvd., 9th Flo	oor		
CITY-ST-ZIP	MIAMI FL 33150		CITY-ST-		ami, FL 33137				_
TITLE	ED	☐ Delete	TITLE	D			Change	☐ Addition	
NAME	NEWMAN,JR, JAMES W		NAME		cuthers, G	ene			
STREET ADDRESS	1507 ARGONNE RD		STREET A	140.	52 McLaugh				
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-	Ta.	<u>llahassee.</u>	FL 32308			4
TITLE	D OFFICE OFFICE	☐ Delete	TITLE	D	inom Tok	ъ	Change	☐ Addition	
NAME STREET ADDRESS	CARUTHERS, GENE		NAME STREET A		iser, John				
CITY-ST-ZIP	282 A REMINGTON GREEN CIR		CITY-ST-	l l	vcean kee Largo, F	f, Suite A202		,	
TITLE	TALLAHASSEE FL D	☐ Delete	TITLE	P	rargo, r	<u> </u>	X Change	Addition	1
NAME	KAISER, JOHN P	C) Ociore	NAME	Nev	man, Jr.,	James W.	- Comingo		1
STREET ADDRESS	31 OCEAN REEF, SUITE A202		STREET A		7 Argonne				
CITY-ST-ZIP	VEV I ADOO EL		CITY-ST-		labaceee				1

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 617, 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:

KEY LARGO FL

RECjames W. Newman, Jr.

Tallahassee, FL 32312

03/30/00

(850)_513-3<u>700</u>

FILED

Apr 10, 2000 8:00 am Secretary of State

04-10-2000 90015 019 ****61.25

ADDODASA