

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000055448

FILED  
Apr 27, 2002 8:00 AM  
Secretary of State

**Entity Name:** INSURANCE FOR PROFESSIONALS, INC.

**Current Principal Place of Business:**

1395 OAK HILL DRIVE  
UNIT 103  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1395 OAK HILL DRIVE  
UNIT 103  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-3652880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPINOWITZ, HARVEY J  
1421 COURT STREET  
SUITE C  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: RICHARD, FLYNN  
Address: 1395 OAK HILL DRIVE, UNIT 108  
City-St-Zip: DUNEDIN, F; 34698

Title: VPRES ( ) Delete  
Name: JOSEPH, FLYNN  
Address: 29 KINGSBERRY WAY  
City-St-Zip: EASTHAMPTON, MA 01027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FLYNN

VPRES

04/27/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date