2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

15661 CARRIAGE COURT

P00000089155

Mailing Address

15661 CARRIAGE COURT

SOUTH FLORIDA INSURANCE PROCESSING SERVICES, INC



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90026 035 ***150.00

DAVIE FL 33331			DAVIE	DAVIE FL 33331								
2. Principal Place of Business		3. Mai	3. Mailing Address				11		10111 1110 1	 	1970 U E I U E	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City	City & State				4. FEI Number 65-1042831		Applied For Not Applicable			
Zip		Country	Zip Co			try	5.	5. Certificate of Status Desired \$8.75 Additional Status Desired \$8.75 Additional Status Desired \$1.75				
6. Name and Address of Current Registered Agent				·	7. Name and Address of New Registered Agent							
					Name							
GRUNTLER, DONNA M 15661 CARRIAGE COURT					Street Address (P.O. Box Number is Not Acceptable)							
DAVIE FL 33331					ı							
					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 a	gent and title if app	olicable. (NOTE	E: Registere	d Agent signatur	e required when	reinstatin	ng)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9	Election Campaign Fina Trust Fund Contribution.		\$5.0	0 May Be
Make Check	k Payable to	Florida Departmer	nt of State					1	must rund Continuation.	_	J Agust	i i i i i i i i i i i i i i i i i i i
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: