

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000107990

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** HOMEOWNERS INSURANCE SERVICES INC.

**Current Principal Place of Business:**

938 E CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1151 N. FT. LAUDERDALE BEACH BLVD.  
APT. 7B  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 65-1057699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWEIGHARDT, RONALD J  
520 BREAKERS AVE  
FORT LAUDERDALE, FL 33304 US

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

SCHWEIGHARDT, RONALD J  
2200 W. COMMERCIAL BV, SUITE 102  
FORT LAUDERDALE, FL 33309 US

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

04/29/2003

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GROWDON, ALLEN  
Address: 1151 N FT LAUDERDALE BCH BLVD #7B  
City-St-Zip: FORT LAUDERDALE, FL 33304

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

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: ALLEN GROWDON

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date