

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000038750**

1. Entity Name  
**DUNSFORD INSURANCE SERVICES, INC.**



Principal Place of Business  
**10712 NW 11TH STREET  
PEMBROKE PINES FL 33026**

Mailing Address  
**10712 NW 11TH STREET  
PEMBROKE PINES FL 33026**

2. Principal Place of Business  
**16837 64 Place North**

Suite, Apt. #, etc.

3. Mailing Address  
**16837 64 Price North**

Suite, Apt. #, etc.

City & State  
**Loxahatchee, FL**

City & State  
**Loxahatchee, FL**

Zip  
**33470**

Country  
**USA**

Zip  
**33470**

Country  
**USA**

4. FEI Number  
**65-1109126**

Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNSFORD, GREGORY J  
10712 NW 11TH STREET  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/15/03*

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 **\$5.00 May Be Trust Fund Contribution.**  **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSTD**  
NAME  
**DUNSFORD, GREGORY J**  
STREET ADDRESS  
**10712 NW 11 STREET**  
CITY-ST-ZIP  
**PEMBROKE PINES FL 33026**

Delete

TITLE  
 Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Gregory J. Dunsford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/2003 561-784-5445*

Day

Daytime Phone #