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**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90603 034 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000086643**

1. Entity Name

CFSE INSURANCE SERVICES, INC.

Principal Place of Business

1400 W. FAIRBANKS AVENUE, SUITE 202  
 WINTER PARK FL 32789

Mailing Address

1400 W. FAIRBANKS AVENUE, SUITE 202  
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3742400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W &amp; P SERVICES, INC.

1938 LEE ROAD, SUITE 101

WINTER PARK FL 32789

Name

JAMES W. FERRELL

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

1400 W FAIRBANKS AVE

Suite 202

City

Winter Park,

FL

Zip Code

32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

CHASTANG, LAWRENCE J  
 1400 W. FAIRBANKS AVENUE, SUITE 202  
 WINTER PARK FL 32789

TITLE NAME ☐ Delete

FERRELL, JAMES W  
 1400 W. FAIRBANKS AVENUE, SUITE 202  
 WINTER PARK FL 32789

TITLE NAME ☐ Delete

SIMS, LORI R  
 1400 W. FAIRBANKS AVENUE, SUITE 202  
 WINTER PARK FL 32789

TITLE NAME ☐ Delete

EISERMAN, LESLIE  
 1400 W. FAIRBANKS AVENUE, SUITE 202  
 WINTER PARK FL 32789

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

EISERMAN  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 407.629.1944  
 Date Daytime Phone #

CR2E034 (9/01)