

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

DOCUMENT # P02000084315

1. Entity Name
**AFFILIATED INSURANCE SERVICES OF CENTRAL FLORIDA
, INC.**



Principal Place of Business
1543 LAWADALE CIR
WINTER PARK FL 32792

Mailing Address
1543 LAWADALE CIR
WINTER PARK FL 32792

2. Principal Place of Business
1033 E. SEMORAN BLVD.
Suite, Apt. #, etc.
SUITE 237

3. Mailing Address
P.O. BOX 208
Suite, Apt. #, etc.

City & State
CASSELBERRY, FL
Zip
32707
Country
U.S.A.

City & State
GOLDENROD, FL
Zip
32733
Country
U.S.A.

4. FEI Number
05-0526829

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
40 N WYMORE RD STE 110
WINTER PARK FL 3789

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE
D ☐ **Delete**
NAME
PHILLIPS, ROBERT S II
STREET ADDRESS
1543 LAWADALE CIR
CITY-ST-ZIP
WINTER PARK FL 32792

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 another like empowered.

SIGNATURE:

Robert S Phillips II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03
Date

(407) 834-8300
Daytime Phone #

CR2E034 (10/02)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90131 034 ***150.00

