

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

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90048 038 ***150.00

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DOCUMENT # P02000089930

1. Entity Name
INSURANCE SAVINGS, INC.



Principal Place of Business
670 N. RIVER RD.
VENICE FL 34293

Mailing Address
670 N. RIVER RD.
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0793765

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

7. Name and Address of New Registered Agent

BETTERTON, GREG A
981 RIDGEWOOD AVE., STE. 101
VENICE FL 34292

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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|---|
| D PINKERTON, STACY L 670 N. RIVER RD. VENICE FL 34293 | | | |
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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 all other like empowered.

SIGNATURE: *Henry Pinkerton* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-2003

Date

Daytime Phone #

CR2E034 (4/03)

Cell. arline

80139113
#P02006089930

Insurance Savings, Inc.
2414 Tamiami Trail
Unit #5
Port Charlotte, FL 33952

Florida Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

August 5, 2003

Re: UBR-Report-Filing 55-0793765

Gentlemen,

We regret this late notice regarding our UBR. However our records do not show receipt of the original invoice. We have moved our principle place of business to the address above. Please accept the original payment of \$150.00 for this filing along with our pledge that this will not occur again.

Sincerely,

Stacy Pinkerton

Stacy Pinkerton
Director

cc: file