
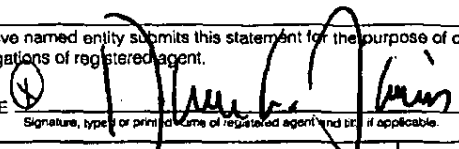
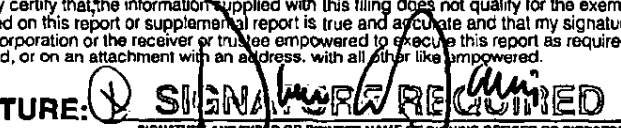


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90152 001 \*\*\*150.00

<b>DOCUMENT # P02000093888</b>					
1. Entity Name <b>DAVIS-LIKAR INSURANCE SERVICES, INC.</b>					
Principal Place of Business 7722 S.R. 544 EAST STE 215 WINTER HAVEN FL 33881			Mailing Address 7722 S.R. 544 EAST STE 215 WINTER HAVEN FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0425659</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIPPEN, JOSEPH F JR 10225 ULMERTON RD BLDG 11 LARGO FL 33771			Name <b>Bruce A. Davis</b> Street Address (P.O. Box Number if Not Applicable) <b>7722 SR 544E STE 215</b> <b>Winter Haven, FL 33881</b> City <b>FL</b> Zip Code <b>33881</b>		
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 			DATE <b>1/23/03</b>		
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 Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DAVIS, BRUCE A</b>	NAME			
STREET ADDRESS	<b>3082 LANDINGS CT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LIKAR, RON A</b>	NAME			
STREET ADDRESS	<b>5130 FAIRWAY ONE DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33574</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCARBOROUGH, DENA F</b>	NAME			
STREET ADDRESS	<b>243 PALM DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE HAMILTON FL 33851</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DAVIS, SUSAN E</b>	NAME			
STREET ADDRESS	<b>3082 LANDINGS CT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(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: 			SIGNATURE REQUIRED		
SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/23/03</b> Daytime Phone # <b>863/422-1713</b>		

CR2E034 (10/02)