

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000109064

FILED  
Aug 14, 2003  
Secretary of State

Entity Name: TAD INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3160 VINELAND RD STE 3  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3160 VINELAND RD STE 3  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 03-0487195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYES, ROBERT S  
441 W VINE ST  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: DAWSON, TIMOTHY  
Address: 3160 VINELAND RD STE 3  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. DAWSON

DPST

08/14/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date