

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 018 ***150.00

DOCUMENT # P01000114696

1. Entity Name

NetInsurance Services Florida, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
417 Montgomery Street

3. Mailing Address
9710 Two Notch Road

Suite, Apt. #, etc.
Suite 405

Suite, Apt. #, etc.

City & State
San Francisco, CA

City & State
Columbia, South Carolina

4. FEI Number
02-0586867

Applied For
Not Applicable

Zip
94104

Country

Zip
29223

Country
Richland

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation

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

1200 South Pine Island Road

City Plantation

FL

Zip Code
33324

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

Joan Bolden

JOAN BOLDEN

ASSISTANT SECRETARY

4/11/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/T/D
William M. Ross
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/S/D
Charles E. Mapson
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
E. Robeson MacKethan
417 Montgomery Street, Ste. 405 San
Francisco, CA 94104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
R. Theodore Brauch
7215 Financial Way Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Mapson

4/18/03 (803) 462-8234

SIGNATURE AND TITLE OF PRINTING OFFICE OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)