

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10626

1. Entity Name

PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90053 045 ***150.00

Principal Place of Business

Mailing Address

3001 W. BIG BEAVER
 #100
 TROY MI 48064-0197

3001 W. BIG BEAVER
 #100
 TROY MI 48064-3102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2317570

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPITZER, JAN H.
 8525 NORTHWEST 53RD TERRACE
 #115
 MIAMI FL 33166

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MARTIN, ANDREA D | |
| STREET ADDRESS | 6966 HOLIDAY | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | YONKMAN, MARK W | |
| STREET ADDRESS | 1356 BUCKINGHAM | |
| CITY-ST-ZIP | GROSSE POINTE PARK MI | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEST, LLOYD A. | |
| STREET ADDRESS | 3001 W BIG BEAVER #100 | |
| CITY-ST-ZIP | TROY MI | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIEGAL, MICHELE A. | |
| STREET ADDRESS | 20081 RONSDALE | |
| CITY-ST-ZIP | BEVERLY HILLS, MI 48025 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

(248)649-0006

Daytime Phone #

CR2E034 (9/99)