

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90002 039 \*\*\*150.00

**DOCUMENT # P10626**

1. Entity Name

**PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**20700 Civic Center Drive**

Suite, Apt. #, etc.

**Suite 240**

City & State

**Southfield, MI**

Zip  
**48076**

Country

**Oakland**

3. Mailing Address

**P.O. Box 837**

Suite, Apt. #, etc.

City & State

**Southfield, MI**

Zip  
**48076**

Country  
**Oakland**

4. FEI Number

**38-2317570**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPITZER, JAN H.**

**8525 NORTHWEST 53RD TERRACE**

**#115**

**MIAMI FL 33166**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **TD** ☐ Delete  
 NAME **MARTIN, ANDREA D**  
 STREET ADDRESS **6966 HOLIDAY**  
 CITY-ST-ZIP **BLOOMFIELD HILLS MI**

TITLE **SD** ☐ Delete  
 NAME **YONKMAN, MARK W**  
 STREET ADDRESS **1356 BUCKINGHAM**  
 CITY-ST-ZIP **GROSSE POINTE PARK MI**

TITLE **PD** ☐ Delete  
 NAME **WEST, LLOYD A.**  
 STREET ADDRESS **2407 ELMHURST AVE**  
 CITY-ST-ZIP **ROYAL OAK MI 48073**

TITLE **VD** ☐ Delete  
 NAME **SIEGAL, MICHELE A**  
 STREET ADDRESS **20081 RONSDALE**  
 CITY-ST-ZIP **BEVERLY HILLS MI 48025**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2.8.02**

**248.356.7587**

CR2E034 (9/01)