

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147331 AB

DOCUMENT # P10626

1. Entity Name
PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.



FILED

03 NOV -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
20700 CIVIC CENTER DRIVE
SUITE 240
SOUTHFIELD MI 48076

Mailing Address
P.O BOX 837
SOUTHFIELD MI 48076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

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

7. Name and Address of New Registered Agent

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

Name

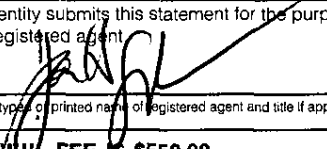
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100023609141
CITY-ST-ZIP 10/07/03--01014--003 **750.00

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 17, 2013 24603352

Date Daytime Phone #

CR2E034 (4/03)