

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90117 020 ***158.75

DOCUMENT # P92000003997

1. Entity Name
SEMINOLE INSURANCE SERVICES, INC.



Principal Place of Business
**2393 S CONGRESS AVE
2N FL
WPB FL 33406
US**

Mailing Address
**P O BOX 9512
LAKE WORTH FL 33466-9512
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3191170**

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

**BERGMAN, PETER HENRY
2393 SO CONGRESS AVE
2ND FL
WEST PALM BEACH FL 33406**

Name **Robert A. Fenimore**
Street Address (P.O. Box Number is Not Acceptable)
7311 NW 18th St., Apt 105
City **Margate** FL Zip Code **33063**

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 *Robert A. Fenimore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DP** ☒ Delete
NAME **BERGMAN, PETER HENRY**
STREET ADDRESS **18637 OCEAN MIST DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DV** ☒ Change ☐ Addition
NAME **Joseph Scaturro**
STREET ADDRESS **880 NW 115th Ave.**
CITY-ST-ZIP **Plantation, FL 33325**

TITLE **D** ☐ Delete
NAME **SEAMAN, CARL**
STREET ADDRESS **63 HUNTING RIDGE RD**
CITY-ST-ZIP **GREENWICH CT**

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

TITLE **DST** ☐ Delete
NAME **JAMES W BLAKE JR**
STREET ADDRESS **2358 SUNDERLAND AVE**
CITY-ST-ZIP **WELLINGTON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Robert A. Fenimore**
STREET ADDRESS **7311 NW 18th St., Apt 105**
CITY-ST-ZIP **Margate, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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: *Robert A. Fenimore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-03

CR2E034 (10/02)