

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90383 016 ***150.00

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1. Entity Name
ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.



Principal Place of Business
901 NW 51ST ST.
BOCA RATON FL 33431

Mailing Address
P.O. BOX 310704
BOCA RATON FL 33431
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3170795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEBEL, JON L
901 NW 51ST STREET
BOCA RATON FL 33431-0704

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

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 **PD** ☐ Delete
NAME **SHEBEL, JON L**
STREET ADDRESS **901 NW 51ST STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Zagorac, Jr.**
STREET ADDRESS **201 E. Kennedy Blvd., Suite 1611**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **CD** ☐ Delete
NAME **WEST, ROBERT W**
STREET ADDRESS **516 NORTH ADAMS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Change ☒ Addition
NAME **Mark Bridges**
STREET ADDRESS **Cumberland House**
CITY-ST-ZIP **1 Victoria Street**
Hamilton HM 11 Bermuda

TITLE **D** ☐ Delete
NAME **WHITE, FRANK T**
STREET ADDRESS **501 NW 51ST STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Change ☒ Addition
NAME **Richard Delaney**
STREET ADDRESS **3377 North Hammock Dunes Path**
CITY-ST-ZIP **Lecanto, FL 34461**

TITLE **T** ☐ Delete
NAME **MCGARVEY, DANIEL J**
STREET ADDRESS **901 NW 51ST STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☒ Change ☐ Addition
NAME **Frank White**
STREET ADDRESS **901 NW 51st Street**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **VC** ☐ Delete
NAME **SPEARMAN, GUY M III**
STREET ADDRESS **402 HIGHPOINT DRIVE SUITE A**
CITY-ST-ZIP **COCOA FL 32926-6634**

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

TITLE **VC** ☐ Delete
NAME **DAVIS, T W**
STREET ADDRESS **1910 SAN MARCO BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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:

Daniel McGarvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/03

Date

800/866-1600

Daytime Phone #

CR2E034 (10/02)