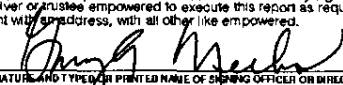


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90140 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000044222					
1. Entity Name ALLIANCE INSURANCE SERVICES, INC.					
Principal Place of Business 8100 NATIONS WAY JACKSONVILLE, FL 32256 US			Mailing Address POB 44093 JAX, FL 32231 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 59-3207282			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VANE, TERENCE G JR 8100 NATIONS WAY FLOOR 1 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine-Island Rd. City Plantation FL Zip Code 33324		
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  James A. Bordonaro Assistant Secretary (NOTE: Registered Agent must be a resident of the State of Florida.) DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
CPD	MEEKS, GARY A	8100 NATIONS WAY	JACKSONVILLE, FL 32256		
VP	SHEVLIN, ROBERT A	8100 NATIONS WAY	JACKSONVILLE, FL 32256	☐ Delete	
VD	KOSTER, MICHAEL C	8100 NATIONS WAY	JACKSONVILLE, FL 32256	☐ Delete	
VD	BLAKE, WILSON W	8100 NATIONS WAY	JACKSONVILLE, FL 32256	☐ Delete	
ST	FRANZ, MICHAEL E	8100 NATIONS WAY	JACKSONVILLE, FL 32256	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition	
Secretary	Thomas A. Hajda	8100 Nations Way	Jacksonville, FL 32256		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 my address, with all other like empowered.					
SIGNATURE:  4/24/03 (904) 281-6005 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

11030010



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)