

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077569

1. Entity Name
CASUALTY INSURANCE SERVICES, INC. Amended as
of June 12, 2003



Principal Place of Business
1206 N. MILLS AVE
SUITE B
ORLANDO, FL 32803 US

Mailing Address
1206 N. MILLS AVE
SUITE B
ORLANDO, FL 32803 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3233277

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

HEARSEY, DAVID
1206 N. MILLS AVE
A
ORLANDO, FL 32803

Name
Kayton Scarboro

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

18334 West Shore Lane

City
Groveland

FL

Zip Code
34736

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]

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HEARSEY, DAVID
1370 HAMDSTEAD TERR
OVEIDO, FL 32765 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Kayton D. Scarboro
11032 Country Hill Road, Clement, FL. 34741 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRS
SCARBORO, KAYTON
18334 W SHORE LN
GROVELAND, FL 34736 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRS, S, and T
Victoria Scarboro
18334 W. Shore Lane
Groveland, Florida 34736-9212 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kayton Scarboro
18334 W. Shore Lane
Groveland, Florida 34736-9212 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700021294467
07/03/03--01003--015 **122.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Kayton Scarboro* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/2003

Date

Daytime Phone #

9/6/26

FILED

03 JUN 26 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (10/02)