

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083561

1. Entity Name

INTERNATIONAL INSURANCE MANAGEMENT SERVICES, INC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90880 022 ***150.00

80094330



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|---|
| Principal Place of Business 4575 ST. JOHNS AVE. SUITE 4 JACKSONVILLE FL 32210 | | Mailing Address 4575 ST. JOHNS AVE. SUITE 4 JACKSONVILLE FL 32210-1800 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 4204 Herschel Street Suite 51 Jacksonville, FL 32210 | |
| City & State | | 4. FEI Number 59-3213825 Applied For Not Applicable | |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PRIDGEN, GARY L 4575 ST. JOHNS AVE. SUITE 4 JACKSONVILLE FL 32210 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4204 Herschel Street Suite 51 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. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARLOW, GERALD B 131 HANARRY DR. LAWRENCEVILLE GA 30245 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRIDGEN, GARY L 4300 LAKESIDE DR #13 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | 4/28/00 904/384-1204 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (9/99)