

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083561

1. Entity Name

INTERNATIONAL INSURANCE MANAGEMENT SERVICES, INC

Principal Place of Business

4575 ST. JOHNS AVE.
SUITE 4
JACKSONVILLE FL 32210

Mailing Address

4204 HERSCHEL ST
STE 51
JACKSONVILLE FL 32210

2. Principal Place of Business

4204 Herschel St
Suite, Apt. #, etc.
#51
City & State
Jacksonville FL

3. Mailing Address

Suite, Apt. #, etc.
City & State

City & State

Jacksonville FL

Country

US

Zip

Country

4. FEI Number 59-3213825

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

PRIDGEN, GARY L
4204 HERSCHEL ST
STE 51
JACKSONVILLE FL 32210

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.

SIGNATURE

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

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FARLOW, GERALD B
STREET ADDRESS 131 HANARRY DR.
CITY-ST-ZIP LAWRENCEVILLE GA 30245

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PRIDGEN, GARY L
STREET ADDRESS 4300 LAKESIDE DR #13
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90006 026 ***150.00

654475



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)