

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015604

1. Entity Name

BUSINESS INSURANCE SERVICES, INC.

Principal Place of Business

1155 S SEMORAN BLVD
1149B
WINTER PARK FL 32792
US

Mailing Address

PO BOX 2180
GOLDENROD FL 32733
US

2. Principal Place of Business

1155 S. SEMORAN BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite 1148

Suite, Apt. #, etc.

City & State

Winter Park

City & State

Zip

FL

Country

Zip

Country

4. FEI Number

59-3299872

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DULIN, RAMSEY
201 E. PINE ST.
SUITE 1402
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

DULIN, RAMSEY

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

201 EAST Pine St. Suite 425

City

ORLANDO

FL

Zip Code

32801

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCEAU, JOHN C	
STREET ADDRESS	8332 AMBER OAK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REED, BONITA L.	
STREET ADDRESS	285 SANDPIPER DR	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John C. Garceau JOHN C. GARCEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13 2001

Date

407-667-4571

Daytime Phone #

0475553

CR2E034 (10/00)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90073 008 ***150.00

80007193



DO NOT WRITE IN THIS SPACE