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

P95000074275

DOCUMENT #

1. Entity Name

BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90085 016 ***150.00

			600	VE TROP				
Principal Place of Business 5701 STIRLING ROAD DAVIE FL 33314-7431		Mailing Address 5701 STIRLING ROAD DAVIE FL 33314-7431			•			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-06167	69	— — —	plied For
Zip	Country	Zip	Country		5. Certificate of Status Desire		\$8.75 Add	itional
6 Na	me and Address of Current R	egistered Agent		l	7. Name and Address of Ne			
		egistered Agent	Name		. Hajne and Address of No	ii riegistorea i	-gent	
CIMON DONALD			1					
SIMON, DONALD 5701 STIRLING RO		Street A	Street Address (P.O. Box Number is Not Acceptable)					
DAVIE FL 33314	- 1 ⁽²⁾		}					
		City	City FL Zip Code					
FILE NOV After May 1,	M!!! FEE IS \$150.00 2003 Fee will be \$550.00 to Fibrida Department of S		DTE: Registered Agent signa	ture required wh	9. Election Campaign Trust Fund Contribu		\$5.00 Added	May Be to Fees
0.	OFFICERS AND D	. <u>. </u>	11.		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTORS	UN 11
TITLE PD	OT TOZETO ATO D	Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
	DONALD	L Delete	NAME	1				
	TIRLING ROAD		STREET ADDRESS					
	FL 33314		CITY-ST-ZIP					
TLE SD		☐ Delete	TITLE	1			☐ Change	☐ Addition
	OND, GREGORY	Delete	NAME					
	TIRLING ROAD		STREET ADDRESS	ľ				
	FL 33314		CITY-ST-ZIP					
TLE T	 	☐ Delete	TITLE	Direct			☐ Change	★ Addition
'	n, randy		NAME	SUHW				
	TIRLING ROAD		STREET ADDRESS		Stirling Road			
	FL 33314		CITY-ST-ZIP	Dw:	1, FL 33314		_	
ITLE VD		☐ Delete	TITLE	V, D			☐ Change	Addition
	H, DOUGLAS		NAME	De Hee	r, George			
FREET ADDRESS 5701 S	TIRLING RD		STREET ADDRESS	5701	Stirling Road			
	FL 33314		CITY-ST-ZIP	David				
TLE VD		Delete	TITLE	Direct	ν ' <u>'</u> <u>''</u> ' <u>'</u> '' '' '' '' '' '' '' '' '' '' '' '' '		☐ 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 suppliemental 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 attachmen

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Noonan

simo

5701 Stirling Road

SIGNATURE:

HAYNE, RICHARD

5701 STIRLING RD

DAVIE FL 33314

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

954 -316 -5200

Change

☐ Addition