

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90045 031 \*\*\*150.00

**DOCUMENT # P96000024237**

1. Entity Name  
**STIBER INSURANCE SERVICES, INC.**

Principal Place of Business Mailing Address  
 4048 NW 62ND LANE 4048 NW 62ND LANE  
 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-3217  
 US

LUUJ006U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3885 N FEDERAL HIGHWAY #250**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**POMPANO BEACH FL BROWARD**  
 Zip  
**33064**

City & State  
 Zip  
 Country

4. FEI Number **65-0657689** 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**

**STIBER, PAUL**  
**11601-BISCAYNE BLVD**  
**100**  
**N MIAMI FL 33181**

Name **PAUL STIBER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3885 N FEDERAL HIGHWAY #250**  
**POMPANO BEACH 1**  
 City **FL** Zip Code **33064**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STIBER, PAUL</b> <b>9690 W. SAMPLE RD., #202</b> <b>CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>PAUL STIBER</b> <b>3885 N FEDERAL HIGHWAY #250</b> <b>POMPANO BEACH FL 33064</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Paul Stiber** **PAUL STIBER** Date: **954943-4642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #