

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91066 027 ***150.00

DOCUMENT # P96000036321



1. Entity Name
AMERICOMP INSURANCE SERVICES, INC.

Principal Place of Business
**275 WILLIAMSON BLVD
DAYTONA BEACH FL 32114
US**

Mailing Address
**P O BOX 9726
DAYTONA BEACH FL 32120
US**

2. Principal Place of Business
822 Bayridge Lane
Suite, Apt. #, etc.

3. Mailing Address
822 Bayridge Lane
Suite, Apt. #, etc.

City & State
Port Orange FL

City & State
Port Orange FL

4. FEI Number
59-3380476

Applied For
☐ Not Applicable

Zip
32127 Country
USA

Zip
32127 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOPPIANI, GREGORY
275 WILLIAMSON BLVD
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
916 Puma Trail
City
Winter Springs FL Zip Code
32708

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOPPIANI, GREGORY R	
STREET ADDRESS	916 PUMA TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOWDEN, RANSOM G JR.	
STREET ADDRESS	105 N LAKEVIEW AVENUE	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, FRED A	
STREET ADDRESS	4035 S. AMELIA AVE.	
CITY-ST-ZIP	DELAND 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		

11. 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	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

Daytime Phone #

CR2E034 (10/02)