

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90122 047 \*\*\*150.00

**DOCUMENT # P96000064707**

1. Entity Name  
**INSURANCE OVERSIGHT, INC.**

Principal Place of Business  
**316 PABLO RD**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**PO BOX 1353**  
**PONTE VEDRA BEACH FL 32004**

2. Principal Place of Business  
**6251 PHILIPS HIGHWAY**  
 Suite, Apt. #, etc.  
**SUITE 2**

3. Mailing Address  
**P.O. Box 1353**  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

City & State  
**PONTE VEDRA BEACH, FL**

Zip  
**32216**

Country  
**DUVAL**

Zip  
**32004**

Country  
**ST. JOHNS**

4. FEI Number **59-3393233**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**YIENGER, JANET P**  
**316 PABLO RD**  
**PONTE VEDRA BEACH FL 32082**

Name

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

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/21/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PS** ☐ Delete  
 NAME **YIENGER, JANET**  
 STREET ADDRESS **316 PABLO ROAD**  
 CITY-ST-ZIP **PONTE VERDE BEACH FL**

TITLE **VPT** ☐ Delete  
 NAME **YIENGER, W M**  
 STREET ADDRESS **316 PABLO ROAD**  
 CITY-ST-ZIP **PONTE VERDE BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/21/02 904-737-2199**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Insurance Oversight, Inc. #P960000064707  
B0132054

6251 Philips Highway, Suite 2  
Jacksonville, Florida 32216  
[www.hroversight.com](http://www.hroversight.com)

Janet P. Yienger, SPHR, CPCU  
*President*

(904) 737-2199 Telephone  
(904) 737-2599 Fax

July 21, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report – Appeal for Waiver of Late Fee


Dear Division of Corporations:

Enclosed please find the 2002 Uniform Business Report for Insurance Oversight, Inc. along with our check for \$ 150 for the annual filing fee.

My records do not reflect that we received the original notice/request for this filing and pursuant to your policies I am requesting that you waive the late fee of \$ 400.

Thank you for your attention to this matter. Absent your advice to the contrary, I will assume that you find all the enclosed in order. Please feel free to contact me should you have any questions or wish to communicate further.

Sincerely,

  
W. Mark Yienger  
Vice President