

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000011935**

1. Entity Name

UNITED INSURANCE SERVICES, INC.**FILED**
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90038 046 ***150.00

Principal Place of Business

6215 STONE ROAD
STE 40
PORT RICHEY FL 34668

Mailing Address

6215 STONE ROAD
STE 40
PORT RICHEY FL 34668-4844

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3647

Suite, Apt. #, etc.

4734 Mile Stretch Dr.

Suite, Apt. #, etc.

City & State

Holiday Florida

City & State

Holiday FLORIDA

Zip

34690

Country

USA

Zip

34690

Country

USA

4. FEI Number

59-3423551

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FORMOSO, IGNACIO L
6215 STONE ROAD
STE 40
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

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

4734 Mile Stretch Dr.

City

Holiday

FL

Zip Code

34690

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

IGNACIO L FORMOSO

3/13/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD
NAME FORMOSO, IGNACIO L ☐ Delete
STREET ADDRESS 11379 AMBOY STREET
CITY-ST-ZIP SPRING HILL FL 34609TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME FORMOSO, IGNACIO ☒ Delete
STREET ADDRESS 7135 ROCKWOOD DRIVE
CITY-ST-ZIP PORT RICHEY F; 34668TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGNACIO L FORMOSO

3/13/2000

Date

727 9345751

Daytime Phone #