## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9700056861

1. Entity Name

HEATH INSURANCE BROKERS, INC.

Principal Place of Business Mailing Address 3100 MONTICELLO, STE. 900 3100 MONTICELLO, STE. 900 DALLAS: TX 75205-3450 DALLAS TX 75205-3450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-2409127 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Delete TITLE ☐ Change KEMP, DONNA J NAME NAME STREET ADDRESS 3100 MONTICELLO, STE. 900 STREET ADDRESS CITY-ST-ZIP **DALLAS TX 75205-3450** CITY-ST-ZIP Delete TITLE Addition ☐ Change NAME KATH, MARSHALL NAME STREET ADDRESS STREET ADDRESS 3100 MONTICELLO, STE. 900 CITY-ST-ZIP DALLAS TX 75205-3450 CITY-ST-7IP TITLE --- ⊡ Delete TITLE \* - Change Addition TS NAME HERNDON, CYNTHIA L NAME STREET ADDRESS STREET ADDRESS 3100 MONTICELLO, STE 900 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75205-3400 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

3. 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DURE OF

☐ Delete

09/12/02 24/-56/- 7000

Change

Addition

**FILED** 

Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90101 015 \*\*\*550.00

CR2E034 (4/02)

Attachment

## HEATH Holdings USA, Inc.

September 10, 2002

# P97000056861



Cynthia L. Herndon Chief Financial Officer

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

> Via Certified Mail 7099 3400 0006 5501 7330

RE: Heath Insurance Brokers, Inc. ID 58-2409127

Dear Sir or Madam:

Enclosed please find the Uniform Business Report (UBR) for Heath Insurance Brokers, Inc. for the 2002 tax year along with our check of \$550.00 If you have any questions please call me at the number listed below.

Sincerely,

Cynthia L. Herndon

Chief Financial Officer

Gynthia L. Herndon

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CLH/av

**Enclosures**