

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90078 017 \*\*\*150.00

**DOCUMENT # P97000064910**

1. Entity Name  
**COMP OPTIONS INSURANCE COMPANY, INC.**



Principal Place of Business  
**5011 GATE PARKWAY, BLDG. 200, SUITE 400  
JACKSONVILLE FL 32256**

Mailing Address  
**5011 GATE PARKWAY, BLDG. 200, SUITE 400  
JACKSONVILLE FL 32256**

**JU024104**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3433503</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>CD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CASCONE, MICHAEL JR</b>			NAME			
STREET ADDRESS	<b>8022 JAMES ISLAND TRAIL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DOERR, ROBERT CHRIS</b>			NAME			
STREET ADDRESS	<b>8031 ACORN RIDGE RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>			CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LIPTAK, WALTER T</b>			NAME			
STREET ADDRESS	<b>3205 OLD BARN COURT</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MYERS, GARY R</b>			NAME			
STREET ADDRESS	<b>312 ROYAL TERN ROAD S.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** **Robert A. Pallais, VP & Treasurer** **2/7/03** **(904) 828-7850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 90024184  
P97000064910

**COMP OPTIONS INSURANCE COMPANY, INC.  
Officers and Directors (Continued)**

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title	VT	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT A. PALLAIS	Name	
Street Address	12460 LYDIA WOODS COURT	Street Address	
City-St-Zip	JACKSONVILLE FL 32258	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BAGNI, BRUCE N.	Name	
Street Address	2307 GREENSIDE COURT	Street Address	
City-St-Zip	PONTE VEDRA FL 32082	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	GRANTHAM, L JOSEPH	Name	
Street Address	6497 RIVER POINT DRIVE	Street Address	
City-St-Zip	GREEN COVE SPR FL 32043	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	LUFRANO, ROBERT I	Name	
Street Address	8113 MIDDLE FORK WAY	Street Address	
City-St-Zip	JACKSONVILLE FL32256	City-St-Zip	
Title	S	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	HORNE, SUZANNE	Name	
Street Address	12876 PLUMMER GRANT RD	Street Address	
City-St-Zip	JACKSONVILLE FL 32258	City-St-Zip	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	OUGH, SIDNEY W	Name	
Street Address	4368 BANKS ROAD	Street Address	
City-St-Zip	MIDDLEBURG FL 32068	City-St-Zip	