

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000074680

FILED
Apr 23, 2003
Secretary of State

Entity Name: HIGH MARK INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

500 S FLORIDA AVE, 4TH FLOOR
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

500 S FLORIDA AVE, 4TH FLOOR
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3465248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNSON, PETER
500 S FLA AVENUE
SUITE 240
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHN PENNACHIO,
Address: 500 S FLORIDA AVE, 4TH FLOOR
City-St-Zip: LAKELAND, FL 33801

Title: CEO () Delete
Name: JOHN B HART,
Address: 500 S FLORIDA AVE, 4TH FLOOR
City-St-Zip: LAKELAND, FL 33801

Title: VS () Delete
Name: MARK R WELLS,
Address: 500 S FLORIDA AVE, 4TH FLOOR
City-St-Zip: LAKELAND, FL 33801

Title: TAS () Delete
Name: FITTERMAN, BARRY M
Address: 500 S FLORIDA AVE, 4TH FLOOR
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PENNACHIO

P

04/23/2003

Electronic Signature of Signing Officer or Director

Date