

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90128 044 ***150.00

DOCUMENT # P98000005519

1. Entity Name

EMPLOYER'S INSURANCE SERVICES, INC.

Principal Place of Business

**8902 N. DALE MABRY HWY.
 SUITE 102
 TAMPA FL 33614-1579**

Mailing Address

**8902 N. DALE MABRY HWY.
 SUITE 102
 TAMPA FL 33614-1579**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3491415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCALLISTER, JOHN E JR.
 4333 BEAU RIVAGE CIR.
 LUTZ FL 33549**

Name

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

City

FL

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.

SIGNATURE

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, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MCALLISTER, JOHN E JR.**
 CITY-ST-ZIP **4333 BEAU RIVAGE CIR.
 LUTZ FL 33549**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Attachment
Doc # P98000005519
**Employer's
Insurance Services
Incorporated**

974803

Division of Corporations
Uniform Business Report filing
PO Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern;

After contact with your office on August 13, 2002, it became obvious that my attempt to file the Annual Report, via online on February 6, 2002, failed to be processed for payment.

I have enclosed a copy of the online payment attempt and my check for the \$150.00 fee that should have been charged based on the date I attempted to file back on February 6, 2002.

If you have any questions or need more information please call my office.

Sincerely,

John E. McAllister, Jr.
John E. McAllister, Jr.
President

Encl: Doc # P98000005519 - 5/1/2002
Doc# P98000005519 - 9/13/2002
Check # 3977 \$150.00
Copy online report attempt