

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006903

1. Entity Name
HIGH MARK INSURANCE AND FINANCIAL SERVICES OF VOPrincipal Place of Business
500 S. FLORIDA AVE., SUITE 240
LAKELAND FL 33801Mailing Address
500 S. FLORIDA AVE., SUITE 240
LAKELAND FL 33801

2. Principal Place of Business

Suite, Apt. #, etc.
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801Suite, Apt. #, etc.
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90161 001 *1,800.00



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 59-3489619	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202				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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Ave, 4th Floor Lakeland, Florida 33801	□ Change <input checked="" type="checkbox"/> Addition
EVPS	WELLS, MARK R 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Ave, 4th Floor Lakeland, Florida 33801	□ Change <input checked="" type="checkbox"/> Addition
TS	FITTERMAN, BARRY M 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Ave, 4th Floor Lakeland, Florida 33801	□ Change <input checked="" type="checkbox"/> Addition
VP	PENNACHIO, IOMN 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENNACHIO, JOHN 500 S. Florida Ave, 4th Floor Lakeland, Florida 33801	□ Change <input checked="" type="checkbox"/> Addition
		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change <input type="checkbox"/> Addition
		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change <input type="checkbox"/> Addition

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: *BARRY M. FITTERMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01
Date

Daytime Phone #