2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 17, 2000 8:00 am Secretary of State DOCUMENT # P98000033320 1. Entity Name LOULIAS INSURANCE SERVICES, INC. 03-17-2000 90047 018 ***150.00 Principal Place of Business Mailing Address 6346 WESTCHESTER CLUB DR N 6346 WESTCHESTER CLUB DR N BOYNTON BEACH FL 33437-6336 **BOYNTON BEACH FL 33437** A0031033 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Citý & State 4. FEI Number City & State 65-0830640 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOULIAS, BARBARA Street Address (P.O. Box Number is Not Acceptable) 6346 WESTCHESTER CLUB DR N **BOYNTON BEACH FL 33437** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition **PSTD** ☐ Delete TITLE TITLE NAME LOULIAS, BARBARA NAME STREET ADDRESS 6346 WESTCHESTER CLUB DR N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33437 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME

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 eport 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Barbara V. Loulias 3/13

Change

☐ Addition