

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000055860

FILED
Jan 13, 2002 8:00 AM
Secretary of State

Entity Name: PERSONET INSURANCE SERVICES, INC.

Current Principal Place of Business:

33907 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

PO BOX 3436
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-3522685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, ROBERT V
8140 SILVER MIST PL.
NEW PORT RICHEY, FL 34655

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RILEY, ROBERT V
Address: 8140 SILVER MIST PL.
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT V. RILEY

PRES

01/13/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date