## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P98000055860 **DOCUMENT#**

1. Entity Name

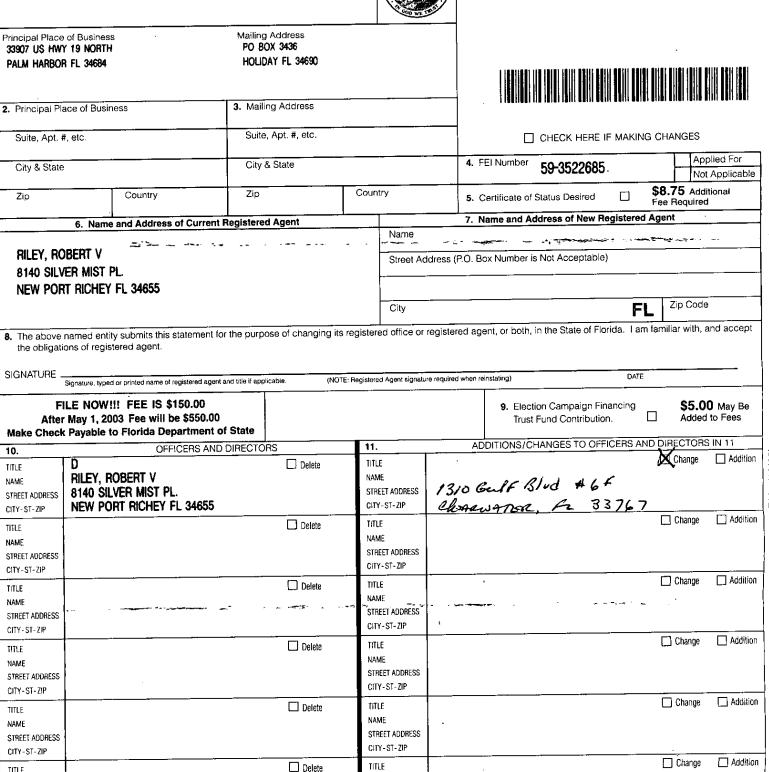
NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NA

CITY-ST-ZIP

PERSONET INSURANCE SERVICES, INC.



NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90144 046 \*\*\*150 00

CR2E034 (10/02)

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 1/6/03 727-78/-2983 Date Daytime Phone #