

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90153 028 \*\*\*150.00

**DOCUMENT # P98000063802**

1. Entity Name  
**SOUTHERN INSURANCE SERVICES, INC.**



Principal Place of Business  
**5623 US HWY 19  
SUITE 233  
NEW PORT RICHEY FL 34652  
US**

Mailing Address  
**PO BOX 999  
PORT RICHEY FL 34673-0999  
US**



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 **59-3522220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRENCE, ALFRED W ESQ.  
6645 RIDGE RD.  
PT. RICHEY FL 34668**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **RUSSELL, GAIL L**  
STREET ADDRESS **9331 ELAINE DR.**  
CITY-ST-ZIP **NEW PT. RICHEY FL 34654**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-03 (727) 815-0999**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment 90131923

**Southern Insurance Services, Inc.**  
5623 US HWY 19, Suite 233  
New Port Richey, FL 34652  
Phone (727) 815-0999 FAX (727) 815-1900

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May 2, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

ATTN: Dina

RE: Document #P98000063802  
FEIN#59-3522220


Dear Dina:

In accordance with our telephone conversation, I tried to pay our renewal via the Sunbiz website, but was unable to get the transaction to process.

Therefore, I am mailing you our check #1809 in payment of our renewal filing fees for this year.

Thank you for your assistance in this matter!

Sincerely,

  
Gail L. Russell  
President

encl.