

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000071666

FILED  
Jan 12, 2003  
Secretary of State

Entity Name: RIP WALSER INSURANCE, INC.

## Current Principal Place of Business:

240 S. FIRST STREET  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

240 S. FIRST STREET  
LAKE WALES, FL 33853

## New Mailing Address:

504 EDGEWATER DR.  
LAKE WALES, FL 33853

FEI Number: 59-3536169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALSER, HOMER P  
240 S. FIRST STREET  
LAKE WALES, FL 33853

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALSER, HOMER P  
Address: 240 S. FIRST STREET  
City-St-Zip: LAKE WALES, FL 33853

Title: S ( ) Delete  
Name: WALSER, BEVERLY S  
Address: 504 EDGEWATER DR  
City-St-Zip: LAKE WALES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEVERLY S. WALSER

S

01/12/2003

Electronic Signature of Signing Officer or Director

Date