

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90145 048 \*\*\*150.00

**DOCUMENT # P98000087956**

1. Entity Name

**INSURANCE SERVICES AND CONSULTING CORPORATION II**

Principal Place of Business

Mailing Address

215 SOUTH MONROE STREET  
SUITE 320  
TALLAHASSEE FL 32301POST OFFICE BOX 10509  
TALLAHASSEE FL 32302-2509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**1911 VINELAND LANE****TALLAHASSEE, FL****32311****U.S.**

4. FEI Number

**59-3421275**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**NEEL, SAMUEL R III**  
**215 SOUTH MONROE STREET**  
**SUITE 320**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>CALDWELL, ELIZABETH A</b> <b>POST OFFICE BOX 2171</b> <b>THOMASVILLE GA 31799</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>P</b> <b>J. ROBERT CALDWELL</b> <b>5116 ILE DE FRANCE</b> <b>TALLAHASSEE, FL 32308</b>
<input type="checkbox"/> Delete	<b>D</b> <b>CALDWELL, NANCY B</b> <b>5116 ILE DE FRANCE DRIVE</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>NEEL, MARY A</b> <b>1101 ALBRITTON DRIVE</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 report 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.

SIGNATURE: *J. Robert Caldwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

850/681-0980

Daytime Phone #

CR2E034 (9/99)