

# 2002 UNIFORM BUSINESS REPORT (UBR)

# FILED Mar 29, 2002 8:00 am Secretary of State

02-07-2002 90043 001 \*\*\*300.00

DOCUMENT # P98000102170

1. Entity Name

PROFESSIONAL INSURANCE OPTIONS, INC.

Principal Place of Business

13902 N. DALE MABRY HIGHWAY, SUITE 120  
TAMPA FL 33618

Mailing Address

13902 N. DALE MABRY HIGHWAY, SUITE 120  
TAMPA FL 33618

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3549274

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

ASKEW, MARY JOYCE

13902 N. DALE MABRY HIGHWAY, SUITE 120  
TAMPA FL 33618

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.

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KELLY, KYLE R	
STREET ADDRESS	13902 W DALE MABRY HWY, STE 120	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	President	<input type="checkbox"/> Delete
NAME	Mary Joyce Askew	
STREET ADDRESS	13902 N. Dale Mabry Highway, #120	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Mary Joyce Askew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02  
Date

813-968-6906  
Daytime Phone #

CR2E034 (9/01)