

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026120

1. Entity Name
STRATEGIC INSURANCE SERVICES CORPORATION

Principal Place of Business
4000 HOLLYWOOD BOULEVARD
SUITE 265 SOUTH
HOLLYWOOD FL 33021

Mailing Address
4000 HOLLYWOOD BOULEVARD
SUITE 265 SOUTH
HOLLYWOOD FL 33021

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 65-0919657

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

PHILLIPS, GARY S
4000 HOLLYWOOD BOULEVARD
SUITE 265 SOUTH
HOLLYWOOD FL 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001: Fee will be \$750.00
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 D
NAME PRUPIS, RON
STREET ADDRESS 12608 NORTHWEST 11TH COURT
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE 300004743013-4
NAME -12/28/01--01074--005
STREET ADDRESS ****150.00 ****150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/01 954-846 2272
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 AM 10:38



DO NOT WRITE IN THIS SPACE

0023284 AV

CR2E034 (5/01)

RMP

STRATEGIC INSURANCE SERVICES, CORPORATION
12608 NW 11TH COURT - SUNRISE, FLORIDA 33323

Phone Voice: 954-846-2272
Phone Fax: 954-846-1820
E-Mail RSJPRUP@aol.com
www.prepaidlegal.com/go/ronprupis

Life Insurance; Individual, Key Man, etc
Health Insurance; Group, Individual
Disability Insurance; Group, Individual
Self Funded Group Health Insurance
Payroll Deduction
Pre-Paid Legal; Individual, Group
Insurance Consulting

December 15, 2001

To Whom it May Concern

Enclosed please find a note from my physician. I had a heart attack in May and quadruple by-pass surgery. I was unable to go back to work until recently. In going through my office I found a stack of mail in a box and in the stack I came across the enclosed business report.

Please consider the circumstance for this late filing.

Regards,

Ron Prupis