## 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P990000 35106 1. Entity Name 05-22-2001 90032 037 \*\*\*150.00 FMC Insurance Services, Frc. Principal Place of Business Malling Address 100 Etieratine man 100 Executive Way Sucte 214 Ponte Vedra Beach, A 32082 659614 Portereda Beach, Fr. 32082 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3569618 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Archin Edward w Street Address (P.O. Box Number is Not Acceptable) 1005 tecofice way Ponte VedraBeach, FC 32082 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 ritle if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Richn Edward W. TITLE ☐ Delete Change HALLE NAME 100 Executive way Swite zuy STREET ADDRESS STREET ADDRESS Pontcuedig Beach FL 32082 CITY-ST-ZIP CITY-SE-7F TITLE ☐ Change Addition Delete TITLE Shevlin, Robert A NAME NAVE 100 Executive way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pontrueda Beach, FL 32082 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS

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.

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HAME STREET ADDRESS Attachment



659614 DOC# 79900035106

100 Executive Way Suite 214 Ponte Vedra Beach, FL 32082 Tel: (904) 285-4141 Fax: (904) 285-8787

## **MEMORANDUM**

TO:

Florida Department of State, Corporations Division

FROM:

Rob Shevlin-FMC Insurance Services, Inc.

RE:

2001 Uniform Business Report

DATE:

April 30, 2001

Gentlemen(women):

Enclosed is our firm's 2001 Uniform Business Report.

We do not believe we received a preprinted form from the State this year. Mr. Rahn and I are involved individually in at least 5 or 6 other businesses and we received UBR's for each of them.

Regardless, since we did not have a code for electronic filing, we downloaded a blank copy and enclose the completed form.

If there are any questions please contact Robert Shevlin at 904 543-0777.

Sincerely,

Robert A. Shevlin

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-President-