

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90329 020 \*\*\*150.00

0000281 AV

**DOCUMENT # P99000035106**

1. Entity Name

FMC INSURANCE SERVICES, INC.



Principal Place of Business

100 EXECUTIVE WAY SUITE 214  
PONTE VEDRA BEACH FL 32082

Mailing Address

100 EXECUTIVE WAY SUITE 214  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

100 Executive Way

3. Mailing Address

PO Box 3051

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State  
Ponte Vedra Beach, FL

City & State  
Ponte Vedra Beach, FL

Zip  
32082

Country

Zip  
32004-3051

Country

4. FEI Number

59-3569618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAHN, EDWARD W

100 EXECUTIVE WAY SUITE 214

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Robert A. Shevlin

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

100 Executive Way Suite 220

City Ponte Vedra Beach

FL

Zip Code

32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert A. Shevlin, Robert A. Shevlin, President

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME RAHN, EDWARD W  
STREET ADDRESS 100 EXECUTIVE WAY SUITE 214  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete  
NAME SHEVLIN, ROBERT A  
STREET ADDRESS 100 EXECUTIVE WAY SUITE 214  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P.D. ☒ Change ☐ Addition  
NAME Robert A. Shevlin  
STREET ADDRESS 100 Executive Way Suite 220  
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Shevlin, Robert A. Shevlin, President 4/28/03 904543-0117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)