

DOCUMENT # P99000088544

1. Entity Name
GREYSTONE INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
8861 GREY HAWK POINT 8861 GREY HAWK POINT
ORLANDO FL 32836-5425 ORLANDO FL 32836-5425

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

COX, ROBERT L
8861 GREY HAWK POINT
ORLANDO FL 32836-5425

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD ☐ Delete
NAME COX, ROBERT L
STREET ADDRESS 8861 GREY HAWK POINT
CITY-ST-ZIP ORLANDO FL 32836-5425

TITLE VSTD ☐ Delete
NAME COX, KAREN G
STREET ADDRESS 8861 GREY HAWK POINT
CITY-ST-ZIP ORLANDO FL 32836-5425

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VSTD ☒ Change ☐ Addition
NAME COX, KAREN G
STREET ADDRESS 8861 GREY HAWK POINT
CITY-ST-ZIP ORLANDO, FL 32836-5425

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARIN G. COX, DIRECTOR

Date

Daytime Phone #

1/6/01 407-876-7714

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90139 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3599595 Applied For
Not Applicable

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

CR2E034 (10/00)