

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90098 028 ***158.75

DOCUMENT # S02605

1. Entity Name
NEMCO INSURANCE & FINANCIAL SERVICES, CORP.



Principal Place of Business
**399 W PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33432
US**

Mailing Address
**P O BOX 272916
BOCA RATON FL 33427
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0220448**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NEMANICH, HENRY
6342 W. LONGBOAT LANE C104
BOCA RATON FL 33433**

Name **Nemanich, Henry**

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

1115 Coconut Road

City **Boca Raton**

FL

Zip Code **33432**

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

Henry Nemanich

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

(NOTE: Registered Agent signature required when reinstating)

3/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NEMANICH, HENRY**
STREET ADDRESS **1115 E. COCOANUT PALM RD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
NAME **Nemanich, Henry**
STREET ADDRESS **1115 Coconut Road**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **S** ☐ Delete
NAME **MCCOY, LISA**
STREET ADDRESS **2401 NE 51ST STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Henry Nemanich
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

Daytime Phone #

CR2E034 (10/02)