

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16350

1. Entity Name

CERTIFIED INSURANCE SERVICES, INC.

Principal Place of Business

1280 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

1280 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

2. Principal Place of Business

1311 N.E. Sunview Ter.
Suite, Apt. #, etc.

3. Mailing Address

1311 N.E. Sunview Ter.
Suite, Apt. #, etc.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90243 007 ***150.00

C0064894



DO NOT WRITE IN THIS SPACE

City & State

Jensen Beach, Fl.

City & State

Jensen Beach, Fl.

4. FEI Number

65-0321152

Applied For

Not Applicable

Zip

34957

Country

Martin

Zip

34957

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, KATHLEEN
1280 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name
Kathleen May
Street Address (P.O. Box Number is Not Acceptable)
1311 N.E. Sunview Terrace
Jensen Beach
City
FL Zip Code
34957

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

Kathleen May

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

(NOTE: Registered Agent signature required when reinstating)

04/30/01

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
NAME
D MAY, PHIL
STREET ADDRESS
1280 NE JENSEN BEACH BLVD
CITY-ST-ZIP
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
D MAY, KATHLEEN
STREET ADDRESS
1280 NE JENSEN BEACH BLVD
CITY-ST-ZIP
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D Phil May
STREET ADDRESS
1311 N.E. Sunview Terrace
CITY-ST-ZIP
Jensen Beach, Fl. 34957 ☒ Change ☐ Addition

TITLE
NAME
D Kathleen May
STREET ADDRESS
1311 N.E. Sunview Ter.
CITY-ST-ZIP
Jensen Beach, Fl. 34957 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
☐ Change ☐ Addition
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:

Kathleen May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

561-334-5013

Daytime Phone #

CR2E034 (10/00)