

DOCUMENT # S30269
1. Entity Name
INSURED ABSTRACTS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
322 4TH ST. NW 322 4TH ST. NW
WINTER HAVEN FL 33881 WINTER HAVEN FL 33881

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
STATLER, ARLENE F
322 4TH ST NW
WINTER HAVEN FL 33881

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90044 006 ***150.00

4. FEI Number 59-3049158 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	STATLER, ARLENE F.	NAME	
STREET ADDRESS	938 VAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	SMITH, ALLEN R.	NAME	
STREET ADDRESS	1451 LAKE HOWARD DR. NW	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	ANZALONE, DIANE M	NAME	
STREET ADDRESS	1035 W. LAKE CANNON DR.	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	STATLER, LANCE	NAME	
STREET ADDRESS	938 VAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Arleane F. Statler* 01/03/01 863-293-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Arleane F. Statler President