

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90071 013 ***150.00

DOCUMENT # S39925

1. Entity Name

INTERCONTINENTAL WARRANTY SERVICES, INC.

Principal Place of Business

Mailing Address

600 W HILLSBORO BLVD #250
DEERFIELD BEACH FL 33441
US

600 W HILLSBORO BLVD #250
STE. 102
DEERFIELD BEACH FL 33441-1610
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

600 W Hillsboro Blvd

#250
Deerfield Beach, FL

33441

USA

4. FEI Number

65-0276779

Applied For

Not Applicable

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

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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, 2000 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 **CEO** ☒ Delete
NAME **TOTTEN, PATRICK P**
STREET ADDRESS **831 NW 84TH DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **CFO** ☒ Delete
NAME **CARRICO, WILLIAM G**
STREET ADDRESS **2731 NE 14TH ST #820**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☒ Delete
NAME **RUGAN, JEROME H**
STREET ADDRESS **7388 VALENCIA DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ Delete
NAME **TORRES, SANDRA**
STREET ADDRESS **15470 SW 155TH AVE**
CITY-ST-ZIP **MIAMI FL**

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 **President** ☒ Change ☐ Addition
NAME **Patrick P Totten**
STREET ADDRESS **831 NW 84th Dr**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **T/VP Finances** ☐ Change ☒ Addition
NAME **William J Andrew**
STREET ADDRESS **2408 New Haven Dr**
CITY-ST-ZIP **Naperville, IL 60564**

TITLE **VP, Administration** ☐ Change ☒ Addition
NAME **Richard B Hess**
STREET ADDRESS **809 Grant St**
CITY-ST-ZIP **Bartlett, IL 60103**

TITLE **S/VP, Insurance Admin.** ☐ Change ☒ Addition
NAME **Judy L. Wrigley**
STREET ADDRESS **895 Carlsbad Ct**
CITY-ST-ZIP **Elgin, IL 60123**

TITLE **D** ☒ Change ☒ Addition
NAME **James H. Hawk**
STREET ADDRESS **514 W Aldine**
CITY-ST-ZIP **Chicago, IL 60123**

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

Date

Daytime Phone #

Patrick P. Totten **Patrick P. Totten** 1/24/00 954 4271111