## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2002 8:00 am Secretary of State

DOCUMENT # V73811  1. Entity Name  National Insurance Marketing, Inc.					į	04-28-2002 90780 039 ***150.00 U42U11		
	DO NOT WRITE	IN THIS SI	PAC	E				
2. Principal Place of Business 2536 Countryside Blvd 2536 Countryside Blvd			Bivd	ivd				
Suite, Apt. #, etc.  Sixth Floor  Suite, Apt. #, Sixth Floor			tc.			DO NOT WRITE IN THIS SPACE		
City & Star Clearwate	r FL	City & State Clearwater FL				FEI Number -3164701	Applied For Not Applicable	
Zip 33763	Country Zip USA 33763		Country USA				8.75 Additional ee Required	
DO NOT WRITE					7: Name and Address of Current Registered Agent North, Heather L Address (P.O. Box Number is Not Acceptable) 2536 Countryside Blvd			
IN THIS SPACE				Sixth I				
		/		City Cle	earwate	FL	Zip Code 33763	
SIGNATION	named entity of	1 Low		d office or reg		ent, or both, in the State of Florida.  HEATHER L. NOR!  DATE		
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Amended 6 Make Check Payable			1, Fee is d UBR is	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND  PD Boesch, Gary 2536 Countryside Blvd., 6th Floor Clearwater FL 33763	DIRECTORS	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	, .			
TITLE Name Street address City-St-Zip	ST Boesch III, Kenneth Wayne 2536 Countryside Blvd 6th Floor Clearwater FL 33763		TITLE NAME STREET CITY-S	ADDRESS T-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n de la Crista de Composition de la Composition			ADDRESS T-ZIP	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS T-ZIP		IN THIS SPAC	E	
NTLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS 1- ZIP	-			
TTLE IAME STREET ADDRESS CITY-ST-ZIP				ADDRESS 1- Zip				
indicated of the corrattachmer	entify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor nt with an address, with all other like part	this filing does not qualify for true and a corate and that to owered execute this report	signatur as requir	otion stated i e shall have ed by Chapt	n Section 1 the same le er 607, Flor	19.07(3)(i), Florida Statutes. I further certify egal effect as if made under oath; that I am ida Statutes; and that my name appears ir	that the information an officer or director Block 11 or on an	