

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90446 018 \*\*\*150.00

**DOCUMENT # F00000004606**

1. Entity Name  
**EPOLICY.COM INSURANCE SERVICES, INC.**

Principal Place of Business  
**19191 SOUTH VERMONT AVE., STE 770**  
**TORRANCE CA 90502**

Mailing Address  
**19191 SOUTH VERMONT AVE., STE 770**  
**TORRANCE CA 90502**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0864407**

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

~~C-T-CORPORATION SYSTEM~~  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2002 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  
 NAME **PTD KWIKER, LOUIS**  Delete  
 STREET ADDRESS **1200 9TH STREET**  
 CITY-ST-ZIP **MANHATTAN BEACH CA**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **CD MARTIN, DONALD E**  Delete  
 STREET ADDRESS **59 CREST RD. EAST**  
 CITY-ST-ZIP **ROLLING HILLS CA**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ~~S BUTTON, KEN~~  Delete  
 STREET ADDRESS **855 THIRD STREET**  
 CITY-ST-ZIP **SANTA MONICA CA**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **TCFO FROJEN, JON**  Delete  
 STREET ADDRESS **19191 S VERMONT SUITE 770**  
 CITY-ST-ZIP **TORRANCE CA 90502**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 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:

*Jon Frojen*  
**Jon Frojen**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/02*  
 Date

*310/819-3200*  
 Daytime Phone #

CR2E034 (9/01)