

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

0503041 AT

DOCUMENT # F97000006807

1. Entity Name
INS SERVICE INC.

05-13-2002 90234 001 ***150.00
 05-13-2002 90234 002 *****8.75

Principal Place of Business Mailing Address
1 IVYBROOK BLVD., #140 **1 IVYBROOK BLVD., #140**
IVYLAND PA 18974 **IVYLAND PA 18974**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-2845282		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
KNISELY, BENJAMIN 739 ANTALYA CT. PUNTA GRODA FL 33950-8001				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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SYDNEY F	NAME	
STREET ADDRESS	1 IVYBROOK BLVD., #140	STREET ADDRESS	
CITY-ST-ZIP	IVYLAND PA 18974	CITY-ST-ZIP	
TITLE	VP	TITLE	president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROHM, GERARD P	NAME	
STREET ADDRESS	1 IVYBROOK BLVD., #140	STREET ADDRESS	
CITY-ST-ZIP	IVYLAND PA 18974	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BLANTON, DAVID	NAME	
STREET ADDRESS	1 IVYBROOK BLVD., #140	STREET ADDRESS	
CITY-ST-ZIP	IVYLAND PA 18974	CITY-ST-ZIP	
TITLE		TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SHARON B. MARTIN
STREET ADDRESS		STREET ADDRESS	1 IVYBROOK BLVD., #140
CITY-ST-ZIP		CITY-ST-ZIP	IVYLAND, PA 18974
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: DAVID BLANTON, SECRETARY **DATE:** 5/26/02 **DAYTIME PHONE #:** 205-675-5110

CR2E034 (9/01)