

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S23035

FILED  
Mar 24, 2003  
Secretary of State

Entity Name: IAG EMPLOYER SERVICES, INC.

**Current Principal Place of Business:**

% INSURAMERICA  
6639 SOUTHPOINT PARKWAY STE 108  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

% INSURAMERICA  
6639 SOUTHPOINT PARKWAY STE108  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 59-3050880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTON, OTIS L.  
290 GLEN EAGLES DR  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

WALTON, BOBBY L  
290 GLEN EAGLES DR  
ORANGE PARK, FL 32073 US

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: BOBBY L. WALTON

03/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WALTON, OTIS L.,  
Address: 290 FLENEAGLES DR.  
City-St-Zip: ORANGE PARK, FL 32703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: WALTON, BOBBY L  
Address: 290 GLENEAGLES DR.  
City-St-Zip: ORANGE PARK, FL 32703

Title: P ( ) Change (X) Addition  
Name: MYERS, WILLIAM P JR  
Address: 812 QUEENS HARBOR BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY L. WALTON

VP

03/24/2003

Electronic Signature of Signing Officer or Director

Date