

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90036 001 \*\*\*600.00

**DOCUMENT # 589446**

1. Entity Name

**FIDELITY WARRANTY SERVICES, INC.**

Principal Place of Business

Mailing Address

100 N.W. 12TH AVENUE  
 TAX DEPARTMENT  
 BEACH FL 33442-1702

111 NW 12TH AVE  
 DEERFIELD BEACH FL 33442-1701  
 US

11342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 NW 12TH AVENUE  
 Suite, Apt. #, etc.

111 NW 12TH AVENUE  
 LEGAL Dept. JMA/FO18  
 Suite, Apt. #, etc.

City & State  
 DEERFIELD BEACH FL

City & State  
 DEERFIELD BEACH FL

4. FEI Number **59-1865221**

Applied For  
 Not Applicable

Zip **33442** Country **USA**

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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

**CT CORPORATION SYSTEM**  
**1200 S. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME MORAN, PATRICIA G.	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME CZUBAY, KENNETH M	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE S	<input type="checkbox"/> Delete
NAME WHELAN, JOHN J.	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BCH, FL 00000	
TITLE VP	<input type="checkbox"/> Delete
NAME ALLEN, DAVID C	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HAYES, C. STEVEN	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE DAT	<input type="checkbox"/> Delete
NAME CURRAN, WILLIAM F	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, COLIN W.	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEAGLES, LOUIS R	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE D/VP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCWILLIAMS, DONNA C.	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE AVP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GUTTUSO MARIA K	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D/VP/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURRAN, WILLIAM F	
STREET ADDRESS 100 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	

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:

*John J. Whitecan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 04/27/00 954-429-2000  
 Date Daytime Phone #

CRE034 (9/99)