

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90476 001 *1,500.00

002145 AV

DOCUMENT # F15647	
1. Entity Name ORMOND INSURANCE AND REINSURANCE MANAGEMENT SERVICES, INC.	

Principal Place of Business 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 US	Mailing Address 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2079631	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent ORMOND RE GROUP, INC. 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176	
---	--

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, W LOCKWOOD 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD LONG, WILLIAM T 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD DEINER, JOHN 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DIPARDO, ANTHONY L 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTZ, A.J. 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BUTCKA, A.A. 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* 4/8/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)