

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000038652 1. Entity Name NATIONAL INSURANCE UNDERWRITERS, INC.	
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Principal Place of Business 800 YAMATO RD SUITE 100 BOCA RATON, FL 33431 US	Mailing Address 800 YAMATO RD SUITE 100 BOCA RATON, FL 33431 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0504990	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MENNELLA, FRANK 800 YAMATO R SUITE 100 BOCA RATON, FL 33431

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000688568
04/10/07-80088-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, ANDREW 800 YAMATO RD SUITE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENNELLA, FRANK 800 YAMATO RD SUITE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYN, JAMIE 800 YAMATO RD SUITE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDFARB, HOWARD 800 YAMATO RD SUITE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #