

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031027

1. Entity Name

PRESTIGE UNDERWRITERS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90081 001 ***150.00

Principal Place of Business

5820 SW 15 STREET
PLANTATION FL 33317

Mailing Address

5820 SW 15 STREET
PLANTATION FL 33317

2. Principal Place of Business

10343 Royal Palm Blvd.

3. Mailing Address

10343 Royal Palm Blvd.

Suite, Apt. #, etc.

#555

Suite, Apt. #, etc.

#555

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

U.S.

Zip

33065

Country

U.S.

4. FEI Number 65-0601985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARX, RUTH
5820 SW 15 STREET
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name Joann Connors Jones

Street Address (P.O. Box Number is Not Acceptable)
11828 NW 28 Street

City Coral Springs

FL

Zip Code 33065

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

1/17/01

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MARX, LISA F
5820 SW 15 ST
PLANTATION FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lisa F. Marx

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

954-255-1585

Daytime Phone #

CR2E034 (10/00)