

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96 0000 31029**

1. Entity Name **PRESTIGE UNDERWRITERS INC**

FILED

01-AUG-1 PM 4:22

Principal Place of Business Mailing Address
10343 ROYAL PALM BOULEVARD
SUITE 555
CORAL SPRINGS, FL 33065

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

2001 AMENDED UBR

Zip Country Zip Country

4. FEI Number **65-0701985**
 Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOANN CONNORS JONES
11828 NW 28 STREET
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name **RUTH G. MARX**
 Street Address (P.O. Box Number is Not Acceptable)
10343 ROYAL PALM BOULEVARD
 City **SUITE 555 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 *Ruth G. Marx* **7/27/01**
 Signature, typed or printed name of registered agent and date 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, 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 D/P/S	NAME LISA F. MARX	☒ Delete
STREET ADDRESS 5820 SW 15 ST		
CITY-ST-ZIP PLANTATION, FL 33317		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S	NAME RUTH G. MARX	☐ Change ☒ Addition
STREET ADDRESS 611 SW 7 ST		
CITY-ST-ZIP FORT LAUDERDALE FL 33315		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ruth G. Marx* **President** **7/27/01**
 Signature, typed or printed name of director, officer, receiver or trustee.

CR2E034 (11/00)