

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90243 025 \*\*\*150.00

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**DOCUMENT # 612900**

1. Entity Name  
**PROGRAM UNDERWRITERS, INC.**



Principal Place of Business  
**3700 COCONUT CREEK PARKWAY  
SUITE 200  
COCONUT CREEK FL 33066-1616  
US**

Mailing Address  
**3700 COCONUT CREEK PARKWAY  
SUITE 200  
COCONUT CREEK FL 33066-1616  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1906076**

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

7. Name and Address of New Registered Agent

**ZISSELMAN, ARNOLD  
3700 COCONUT CREEK PARKWAY  
SUITE 200  
COCONUT CREEK FL 33066**

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTO, DONNA M	
STREET ADDRESS	5823 NW 119 DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHIAPPELLI, TERRY	
STREET ADDRESS	10301 S.W. 16 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUTO, STEPHEN	
STREET ADDRESS	11184 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPGS FL 33071	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	ZISSELMAN, ARNOLD	
STREET ADDRESS	3931 NW 27 AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATRICIA, WOODARD	
STREET ADDRESS	4555 CARAMBOLA CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACON, HELEN K	
STREET ADDRESS	17940 CACHET ISLE DR.	
CITY-ST-ZIP	TAMPA FL 32779	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Arnold Zisselman, V.P. / ST 4/29/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)