

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90048 032 ***150.00

DOCUMENT # **L21963**

1. Entity Name
ABSOLUTE INSURANCE OF DELRAY INC.



Principal Place of Business
4746 SEXTANT CIR
BOYNTON BEACH FL 33436

Mailing Address
4746 SEXTANT CIR
BOYNTON BEACH FL 33436

2. Principal Place of Business
4746 SEXTANT CIR
Suite, Apt. #, etc.

3. Mailing Address
4746 SEXTANT CIR
Suite, Apt. #, etc.

City & State
BOYNTON BCH FL

City & State
BOYNTON BCH FL

4. FEI Number **65-0150593**

Applied For
Not Applicable

Zip Country
33436-1545 USA

Zip Country
33436-1545 USA

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BIRD, ERIC A.
3005 S. FEDERAL HWY 4746 SEXTANT CIR
DELRAY BEACH FL 33483 BOYNTON BCH
FL 33436-1545

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/7/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME **PD BIRD, ERIC A.**
STREET ADDRESS **4746 SEXTANT CIR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME **SD BIRD, SHARON**
STREET ADDRESS **4746 SEXTANT CIR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/03 5617409525

CR2E034 (4/03)