

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020726

**Entity Name:** UCPM ENVIRONMENTAL INSURANCE, INC.

**Current Principal Place of Business:**

335 E. GERMANN ROAD, #340  
GILBERT, AZ 85297-2924

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC7216582086**

**Current Mailing Address:**

335 E. GERMANN ROAD, #340  
GILBERT, AZ 85297-2924 US

**FEI Number: 86-0714198**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, FL 32301 US

*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:** ART FLORES

01/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CLEGG, TIMOTHY L  
Address 335 E. GERMANN ROAD, #340  
City-State-Zip: GILBERT AZ 85297-2924

Title V  
Name CLEGG, TIMOTHY L  
Address 335 E. GERMANN ROAD, #340  
City-State-Zip: GILBERT AZ 85297-2924

Title D  
Name CLEGG, TIMOTHY L  
Address 335 E. GERMANN ROAD, #340  
City-State-Zip: GILBERT AZ 85297-2924

Title S  
Name CLEGG, TIMOTHY L  
Address 335 E. GERMANN ROAD, #340  
City-State-Zip: GILBERT AZ 85297-2924

Title T  
Name CLEGG, TIMOTHY L  
Address 335 E. GERMANN ROAD, #340  
City-State-Zip: GILBERT AZ 85297-2924

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY L. CLEGG

**PRESIDENT**

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date