

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0136046 AV

DOCUMENT # 267345

1. Entity Name
EMPLOYERS COMMERCIAL INSURANCE INC



04-11-2003 90207 049 ***150.00

Principal Place of Business
**756 BEACHLAND BLVD
STE A
VERO BCH FL 32963-1745
US**

Mailing Address
**756 BEACHLAND BLVD
STE A
VERO BCH FL 32963-1745
US**



2. Principal Place of Business
**4215 5TH PLACE
Suite, Apt. #, etc.
VERO BEACH,
City & State
FL.**

3. Mailing Address
**4215 5TH PLACE
Suite, Apt. #, etc.
VERO BEACH
City & State
FL.**

☒ CHECK HERE IF MAKING CHANGES

Zip **32968** Country **USA**

Zip **32968** Country **USA**

4. FEI Number **59-1055816**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLER JR., NORMAN E.
756 BEACHLAND BLVD
STE A
VERO BCH. FL 32963**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4215 5TH PLACE
City **VERO BEACH** FL Zip Code **32968**

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 **Norman E. Miller Jr** **NORMAN E. MILLER JR - PRES.** **4-9-03**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER JR., NORMAN E. 756 BEACHLAND BLVD, STE A VERO BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4215 5TH PLACE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Norman E. Miller Jr** **4-09-03** **772 562 0203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)