

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90128 032 ***150.00

DOCUMENT # 334725

1. Entity Name
EASTERN UNDERWRITERS, INC.

Principal Place of Business
~~920 NORTH FLAGLER DRIVE~~
~~FORT LAUDERDALE FL 33304~~

Mailing Address
 920 NORTH FLAGLER DRIVE
 FORT LAUDERDALE FL 33304-2608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
BUSINESS SOLD

3. Mailing Address
3329 INVERRARY BLVD W

Suite, Apt. #, etc.
AS of 3-1-99

Suite, Apt. #, etc.

City & State
LAUDERHILL FL

City & State
LAUDERHILL FL

Zip
33319

Country
BROWARD

4. FEI Number **59-1759388** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SHERWOOD, ALBERT M
~~920 N FLAGLER DRIVE~~
~~FORT LAUDERDALE FL 33304~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3329 INVERRARY BLVD WEST

City **LAUDERHILL** FL Zip Code **33319**

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 _____ (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
Tax filing requirement and elects to do so. 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	S	<input type="checkbox"/> Delete
NAME	SHERWOOD, JANET G	
STREET ADDRESS	3329 INVERRARY BLVD W	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHERWOOD, ALBERT M	
STREET ADDRESS	3329 INVERRARY BLVD W	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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: SIGNATURE 5-5-00 954-749-0839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)