

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

04-04-2001 90497 048 ****61.25
 05-22-2001 90055 015 ****88.75

DOCUMENT # 334725

1. Entity Name

EASTERN UNDERWRITERS INC. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

BUSINESS SOLD 3-1-99

3. Mailing Address

3329 INVERRARY BLVD W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERHILL, FL.

4. FEI Number

59-1759388

Applied For

Not Applicable

Zip

Country

33319

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERWOOD, ALBERT M.
 3329 INVERRARY BLVD WEST
 LAUDERHILL, FL. 33319

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.

SIGNATURE

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

(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
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME SHERWOOD, JANET G.
 STREET ADDRESS 3329 INVERRARY BLVD W.
 CITY-ST-ZIP LAUDERHILL, FL 33319

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

TITLE ☐ Delete
 NAME P SHERWOOD ALBERT M.
 STREET ADDRESS 3329 INVERRARY BLVD W.
 CITY-ST-ZIP LAUDERHILL, FL 33319

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 954-749-0839

Date

Daytime Phone #

CR2E034 (11/00)