

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 013 ***150.00

DOCUMENT # 461342
1. Entity Name
SURETY CORPORATION OF FLORIDA

DO NOT WRITE IN THIS SPACE

639888

2. Principal Place of Business
5649 NW 84th Terr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX451269
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tamarac, Fl.

City & State
Sunrise, Fl.

Zip
33351

Country
USA

Zip
33345

Country
USA

4. FEI Number
59-1551179

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Dwyer, Denis A.

Street Address (P.O. Box Number is Not Acceptable)
10951 SW 25th St.

City
Davie, Fl. FL

Zip Code
33324

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Dwyer, Denis A.
10951 SW 25th St.
Davie, Fl. 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
Dwyer, Lawrence T.
9675 NW 28th St.
Coral Springs, Fl. 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
Popick, Deirse D.
13485 NW 6th Dr.
Plantation, Fl. 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1402 (954) 722-3336
Date Daytime Phone #

CR2E034B (12/01)