2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 468318** N-C SURETY UNDERWRITERS, INC. Principal Place of Business Mailing Address 5639 HANSEL AVENUE 5639 HANSEL AVENUE P. O. BOX 568946 P. O. BOX 568946 ORLANDO FL 32856-5946 ORLANDO FL 32856-5946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

NEWMAN, JAMES B.

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP TITLE

56739 HANSEL AVENUE ORLANDO FL 32856-5946

9. This corporation is eligible to satisfy its Intangible

NEWMAN, JAMES B.

CRANE, HUSTON R. 5639 HANSEL AVE.

5639 HANSEL AVE.

ORLANDO FL

ORLANDO FL

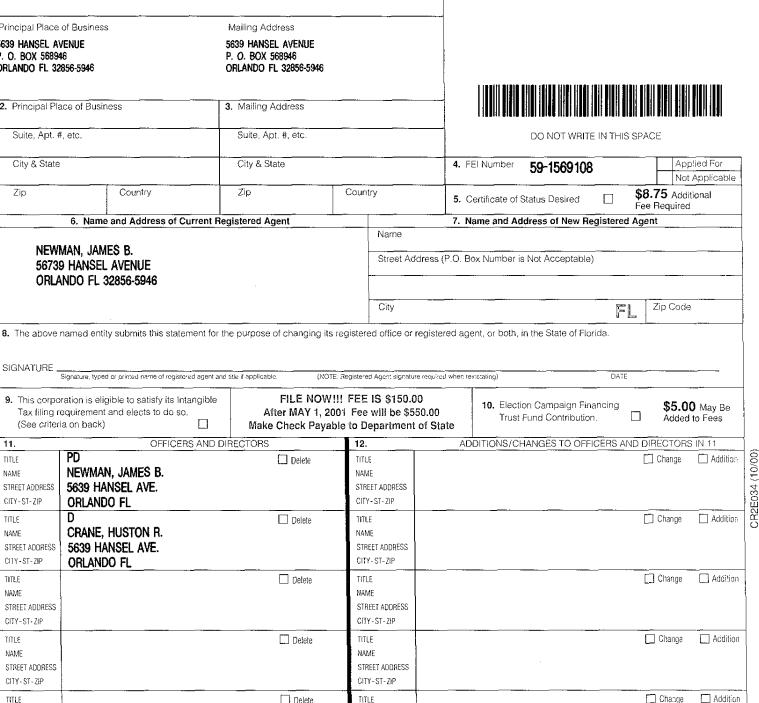
Tax filing requirement and elects to do so.

(See criteria on back)

D

FILED Feb 28, 2001 8:00 am Secretary of State

2-28-2001 90026 036 ***150.00



I hereby certify that the information supplied with this filling 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 trastee empowered to execute this report or required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trastee empowered to execute this report of the corporation or the receiver or trastee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE

NAME

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - 7IP

CITY-ST-ZIF

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Change

☐ Addition