

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 580189

1. Entity Name  
TRI-INSURANCE UNDERWRITERS, INCORPORATED



Principal Place of Business

3250 N. 29TH AVE  
HOLLYWOOD, FL 33020

Mailing Address

3250 N. 29TH AVE  
HOLLYWOOD, FL 33020

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1845789

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FLOYD, CHARLOTTE  
3250 N 29TH AVE  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FLOYD, CHARLOTTE  
STREET ADDRESS 16475 NE 32 AVE  
CITY-ST-ZIP MIAMI, FL 33160

TITLE S/T  
NAME SHELDON, HARVEY  
STREET ADDRESS 18142 NW 15TH CT.  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000315354  
04/19/05-80030-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Charlotte Floyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE FLOYD

4-14-05

Date

954-963-6666

Daytime Phone #