

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90241 018 ***150.00

DOCUMENT # 612900

1. Entity Name
PROGRAM UNDERWRITERS, INC.

Principal Place of Business
3700 COCONUT CREEK PARKWAY
SUITE 200
COCONUT CREEK FL 33066-1616
US

Mailing Address
3700 COCONUT CREEK PARKWAY
SUITE 200
COCONUT CREEK FL 33066-1616
US

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1906076**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZISSELMAN, ARNOLD
3700 COCONUT CREEK PARKWAY
SUITE 200
COCONUT CREEK FL 33066

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, 2002 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 **PD**
 STREET ADDRESS **BUTO, DONNA M**
 CITY-ST-ZIP **1140 NW 56TH DRIVE, APT#104**
POMPANO BEACH FL 33076

TITLE ☒ Change ☐ Addition
 NAME **= 5823 N.W. 119 Drive**
 STREET ADDRESS **CORAL SPRINGS, FL**
 CITY-ST-ZIP **33076**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **CHIAPPELLI, TERRY**
 CITY-ST-ZIP **10301 S.W. 16 PLACE**
FORT LAUDERDALE FL 33324

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Helen K. Bacon**
 CITY-ST-ZIP **17940 CACHET ISLE DRIVE**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **BUTO, STEPHEN**
 CITY-ST-ZIP **11184 LAKEVIEW DRIVE**
CORAL SPGS FL 33071

TITLE ☐ Change ☐ Addition
 NAME **Tampa, FL 33079**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPST**
 STREET ADDRESS **ZISSELMAN, ARNOLD**
 CITY-ST-ZIP **3931 NW 27 AVE**
BOCA RATON FL 33434

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **PATRICIA, WOODARD**
 CITY-ST-ZIP **4555 CARAMBOLA CIR**
COCONUT CREEK FL 33066

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ARNOLD ZISSELMAN, V.P. 4/22/02 (954) 978-9880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

DEPARTMENT OF STATE

Paid By: Program Underwriters, Inc.
Check #: 37592
Check Date: 04/18/02
Amount: \$150.00

Bill #	Invoice #	Tran Date	Due Date	Memo Description	Amount Due	Amount Paid
02100	04/15/02	4/15/02	4/15/02	DOCUMENT # 612900	(\$150.00)	(\$150.00)
Totals:					(\$150.00)	(\$150.00)

Attachment
ID# 612900
BU88183