

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91033 031 ***150.00

DOCUMENT # 841556

1. Entity Name
GUARANTEE INSURANCE COMPANY OF DELAWARE



Principal Place of Business
**650 NAAMANS ROAD
SUITE 307
CLAYMONT DE 19703
US**

Mailing Address
**650 NAAMANS ROAD
SUITE 307
CLAYMONT DE 19703
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2222789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLBROOK, WILLIAM G | |
| STREET ADDRESS | 7650 CONCESSION RD. #3 | |
| CITY-ST-ZIP | UXBRIDGE, ONTARIO | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TORRENS, ROBERT | |
| STREET ADDRESS | 49 DONWOODS DR | |
| CITY-ST-ZIP | TORONTO ON | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHURR, JAMES | |
| STREET ADDRESS | 650 NAAMANS RD. STE 307 | |
| CITY-ST-ZIP | CLAYMONT DE 19703 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CROFT, IAN | |
| STREET ADDRESS | 35 EDGE VALLEY DR. | |
| CITY-ST-ZIP | ISLINGTON, ONT. | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROUGHTON, R W | |
| STREET ADDRESS | CEDARBROOK TRAIL R R 1 | |
| CITY-ST-ZIP | BROOKLIN, ONT | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAISCH, WISTER S | |
| STREET ADDRESS | 120 LONGVIEW RD | |
| CITY-ST-ZIP | PERKASIE PA 18944 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)