2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am DOCUMENT # F0000001442 **Secretary of State** 1. Entity Name 03-05-2002 90102 001 ***150.00 SEABOARD UNDERWRITERS, INC. Principal Place of Business Mailing Address 2563 ERIC LANE STE. K PO BOX 1478 **BURLINGTON NC 27215 BURLINGTON NC 27216-1478** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-2051233 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT ☐ Addition TITLE ☐ Delete TITLE Change Hutelmyer, Joseph P. NAME HUTELMYER, JOSEPH P NAME STREET ADDRESS STREET ADDRESS 820 N, GURNEY STREET 3226 HERITAGE CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON NC** NC Burlington TITLE ☐ Delete TITLE VILL- PRESIDENT, SECRETARY Y Change Addition NAME HOGAN JR, JAMES P NAME HOGAN JR. JAMES P. STREET ADDRESS STREET ADDRESS 594 PARKVIEW DR. フロマ CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON NC** TITLE - Delete TITLE -Change -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 empov

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