

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03199

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** NORTH BREVARD INSURANCE UNDERWRITERS, INC.

**Current Principal Place of Business:**

1210 S WASHINGTON AVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1210 S WASHINGTON AVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 59-2043762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENLOW, LOWELL M  
1210 S. WASHINGTON AVE.  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ENLOW, LOWELL M PRESIDE  
Address: 1491 LAGO MAR DRIVE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: S  
Name: ENLOW, BARBARA A SECRETA  
Address: 1491 LAGO MAR DRIVE  
City-St-Zip: MELBOURNE, FL 32940 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOWELL M ENLOW

PRES

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date