

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90028 008 ***150.00

DOCUMENT # F03552

1. Entity Name

ASSOCIATED BUSINESS INSURANCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~2911 OCEAN DRIVE~~
 P.O. BOX 3250
 VERO BEACH FL 32964

~~2911 OCEAN DRIVE~~
 P.O. BOX 3250
 VERO BEACH FL 32964

2. Principal Place of Business

2801 Ocean DR

3. Mailing Address

PO Box 3250

Suite, Apt. #, etc.

Suite 202 B

Suite, Apt. #, etc.

City & State

Vero Beach

City & State

Vero Beach

Zip

32963

Country

Indian River

Zip

32964

Country

IRC

4. FEI Number

59-2161470

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FENNELL, DARRELL
979 BEACHLAND BLVD.
VERO BEACH FL 32960

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-stating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCHWIERING, JANE P 2911 OCEAN DR. VERO BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWIERING, JAMES E 2911 OCEAN DR. VERO BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF PREPARATION

4/26/01

561 231 2022

CR2E034 (10/00)