

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90007 020 ***150.00

DOCUMENT # F93000005669

1. Entity Name

ALL MOTORISTS INSURANCE AGENCY, INC.

Principal Place of Business

**16501 VENTURA BLVD., SUITE 200
ENCINO CA 91436**

Mailing Address

**16501 VENTURA BLVD., SUITE 200
ENCINO CA 91436**

2. Principal Place of Business

5230 Las Virgenes Road

Suite, Apt. #, etc.

Suite 100

City & State

Calabasas, California

Zip
91302-3447

Country
USA

3. Mailing Address

5230 Las Virgenes Road

Suite, Apt. #, etc.

Suite 100

City & State

Calabasas, California

Zip
91302-3447

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-2103043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399**

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 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

TITLE ☐ Delete
NAME **PDC**
STREET ADDRESS **EHRlich, ROBERT M.**
CITY-ST-ZIP **16501 VENTURA BLVD., #200
ENCINO CA**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EHRlich, ELAINE**
CITY-ST-ZIP **16501 VENTURA BLVD., #200
ENCINO CA 91436**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MALLUT, DANIEL**
CITY-ST-ZIP **16501 VENTURA BLVD., #200
ENCINO CA 91436**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KUSHNER, MARLEEN F**
CITY-ST-ZIP **16501 VENTURA BLVD., #200
ENCINO CA**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BRENTS, PATSY A**
CITY-ST-ZIP **7381 WEBB RD
CHATSWORTH CA**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EHRlich, LAUREL**
CITY-ST-ZIP **16501 VENTURA BLVD., #200
ENCINO CA 91436**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5230 Las Virgenes Road, Suite 100**
CITY-ST-ZIP **Calabasas, CA 91302-3447**

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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:

Patsy A. Brents
SIGNATURE REQUIRED

Patsy A. Brents

1/10/02

(818)880-9070

Date

Daytime Phone #

CR2E034 (9/01)