

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90219 004 ***150.00

DOCUMENT # F96000000075

1. Entity Name
AMCOMP INCORPORATED



Principal Place of Business
701 U.S. HIGHWAY 1, SUITE 200
NORTH PALM BEACH FL 33408

Mailing Address
701 U.S. HIGHWAY 1, SUITE 200
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0636842**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **STEPHENS, SAM A**
STREET ADDRESS **701 U.S. HIGHWAY 1, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition
NAME **SIMON GUENZL**
STREET ADDRESS **701 U.S. Highway 1, Suite 200**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete
NAME **LOWE, FREDERICK R**
STREET ADDRESS **701 U.S. HIGHWAY 1, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **T** ☐ Change ☒ Addition
NAME **DENNIS F. PLANTE**
STREET ADDRESS **701 U.S. HIGHWAY ONE, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **PD** ☐ Delete
NAME **CERRE-RUEDISILI, DEBRA**
STREET ADDRESS **701 U.S. HIGHWAY 1, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **PD** ☒ Change ☐ Addition
NAME **FREDERICK R. LOWE**
STREET ADDRESS **701 U.S. HIGHWAY 1, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete
NAME **TRAYNOR, SEAN M**
STREET ADDRESS **701 U.S. HIGHWAY 1, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition
NAME **DEBRA CERRE-RUEDISILI**
STREET ADDRESS **701 U.S. HIGHWAY ONE, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☒ Delete
NAME **KROON, RICHARD E**
STREET ADDRESS **701 U.S. HIGHWAY, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition
NAME **DANIEL J. THOMAS**
STREET ADDRESS **701 U.S. HIGHWAY ONE, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete
NAME **QUEALLY, PAUL B**
STREET ADDRESS **701 U.S. HIGHWAY 1, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **S** ☐ Change ☒ Addition
NAME **MELODY A. MISIASZEK**
STREET ADDRESS **701 U.S. HIGHWAY ONE, SUITE 200**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Melody A. Misiaszek* **MELODY A. MISIASZEK** **4-15-03** **800-226-1898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)