

# 2001 UNIFORM BUSINESS REPORT (UBR) <sup>v12</sup>

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90211 010 \*\*\*150.00

DOCUMENT # **F96000000229**

1. Entity Name

**INAMAR Insurance Underwriting Agency, Inc.**

Principal Place of Business

**TAX Dept- TL205**  
**1601 Chestnut St**  
**Phila, PA 19103**

Mailing Address

**TAX Dept- TL205**  
**1601 Chestnut St**  
**Phila, PA 19103**

2. Principal Place of Business

**1601 Chestnut St**

3. Mailing Address

**1601 Chestnut St**

Suite, Apt. #, etc.

**TL205**

Suite, Apt. #, etc.

**TL205**

City & State

**Phila, PA**

City & State

**Phila, PA**

Zip

**19103**

Country

Zip

**19103**

Country

4. FEI Number

**23-2257148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**QT Corporation System**  
**1200 S. Pine Island Road**  
**Plantation, FL 33324**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19192</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19192</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGE D. MULLIGAN</b>	
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19192</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19192</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19192</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19192</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT D. CHAPMAN</b>	
STREET ADDRESS		
CITY-ST-ZIP	<b>19103</b>	
TITLE	<b>ROBERT D. CHAPMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>19103</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>19103</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES T. FORD</b>	
STREET ADDRESS		
CITY-ST-ZIP	<b>19103</b>	
TITLE	<b>Kenneth R. GARRETT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>19103</b>	
TITLE	<b>Richard J. Decker</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>19103</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James T. Ford** **4/6/2001** **215-640-1000**