

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90083 037 \*\*\*550.00

0150253 MB

**DOCUMENT # F97000001183**

1. Entity Name

**UNITED ASSET COVERAGE, INC.**



Principal Place of Business

**217 SHUMAN BLVD  
4TH FLOOR  
NAPERVILLE IL 60563**

Mailing Address

**217 SHUMAN BLVD  
4TH FLOOR  
NAPERVILLE IL 60563**

2. Principal Place of Business

3. Mailing Address

**215 SHUMAN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**52-2105344**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**

**526 E. PARK AVE.**

**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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCPT  
MARTUCCI, PATRICK J  
1733 PARK ST #200  
NAPERVILLE IL 60563** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
JACQUES, JOHN F  
1733 PARK ST #200  
NAPERVILLE IL 60563** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
LINCOLN, MARK H  
1733 PARK ST #200  
NAPERVILLE IL 60563** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/C  
LENZ, THEODORE W  
216 WILSONIA  
NASHVILLE TN 37205** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
E.B., LYON 111  
500 CRESCENT COURT ST. 270  
DALLAS TX 75201** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURCH, LUCIUS 111  
310 25TH AVE N. #103  
NASHVILLE TN 37203** ☐ Delete

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

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

SIGNATURE:

**NEED AUTHORIZED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-03**

**630.548.6230**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

801388141  
#F9700000183

**NEW DIRECTOR**

D

Michael Blackburn  
172 Second Ave., Suite 112  
Nashville TN 37201