

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003084

1. Entity Name

PRINCETON INSURANCE COMPANY

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90016 050 ***158.75

Principal Place of Business

Mailing Address

746 ALEXANDER RD.
PRINCETON NJ 08540

746 ALEXANDER RD.
PRINCETON NJ 08540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2386692

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME C
STREET ADDRESS BROWN, BARRY D
CITY-ST-ZIP 5855 ELSTON SHORE RD.
NEAVITT MD 21652

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

TITLE ☐ Delete
NAME P
STREET ADDRESS SMITH, DONALD E
CITY-ST-ZIP 746 ALEXANDER RD.
PRINCETON NJ 08543-5322

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

TITLE ☐ Delete
NAME C
STREET ADDRESS MCLAUGHLIN, KEITH H
CITY-ST-ZIP 530 NEW BRUNSWICK AVE.
PERTH AMBOY NJ 08861

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

TITLE ☐ Delete
NAME S
STREET ADDRESS PILLA, MARK D
CITY-ST-ZIP 95 OLD SHORT HILLS ROAD
WEST ORANGE NJ 07052

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

TITLE ☐ Delete
NAME T
STREET ADDRESS SCHAUB, RICHARD F
CITY-ST-ZIP RT 28 & LAMINGTON ROAD
NORTH BRANCH NJ 08876

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

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS AITCHISON, KENNETH W
CITY-ST-ZIP 300 EXECUTIVE DRIVE, SUITE 275
WEST ORANGE NJ 07052

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.

(609) 452-9404

SIGNATURE:

(Kieran E. Pillion, Jr.) 2/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #