

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90045 002 \*\*\*150.00

0616054 AT

**DOCUMENT # F97000004540**

1. Entity Name  
**COLONIAL SURETY COMPANY**



Principal Place of Business  
**50 CHESTNUT RIDGE ROAD  
MONTVALE NJ 07645**

Mailing Address  
**50 CHESTNUT RIDGE ROAD  
MONTVALE NJ 07645**

**90002049**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-0485115**

Applied For

Not Applicable

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. 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 Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|---|---|--|
| TITLE NAME                 | STD<br>GALLO, FREDERICK S<br>2 PINE LANE<br>BAYVILLE NY                 | <input type="checkbox"/> Delete                       | TITLE NAME<br>D<br>NUNZIATA, Greg<br>12 Old Orchard Dr<br>Weston CT 06883    |
| STREET ADDRESS             |   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP                |   |   |  |
| TITLE NAME                 | VPD<br>CIMASKO, ANTHONY J<br>521 PIERMONT AVE<br>RIVER VALE NJ          | <input type="checkbox"/> Delete                       | TITLE NAME<br>D<br>Batty Michael A<br>4 Old Ford CT<br>SUFFERN NY 10901      |
| STREET ADDRESS             |   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP                |   |   |  |
| TITLE NAME                 | D<br>DITTRICH JR, RAYMOND R<br>8417 EAST LAJUNTA PLACE<br>SCOTTSDALE AZ | <input type="checkbox"/> Delete                       | TITLE NAME   |
| STREET ADDRESS             |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |   |   |  |
| TITLE NAME                 | D<br>PEITLER, MICHAEL A<br>25 VIA LUCA<br>IRVINE CA                     | <input type="checkbox"/> Delete                       | TITLE NAME   |
| STREET ADDRESS             |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |   |   |  |
| TITLE NAME                 | PCD<br>NUNZIATA, WAYNE T<br>12 OLD ORCHARD DRIVE<br>WESTON CT           | <input type="checkbox"/> Delete                       | TITLE NAME   |
| STREET ADDRESS             |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |   |   |  |
| TITLE NAME                 | D<br>NUNZIATA, JANET<br>12 OLD ORCHARD DRIVE<br>WESTON CT               | <input type="checkbox"/> Delete                       | TITLE NAME   |
| STREET ADDRESS             |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |   |   |  |

CR2E034 (10/02)

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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 201573 8788

Date Daytime Phone #