

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90165 003 ***150.00

DOCUMENT # F98000000615

1. Entity Name
BOMBARDIER CAPITAL INSURANCE AGENCY INC.



Principal Place of Business
261 MOUNTAIN VIEW DR
COLCHESTER, VT 05446

Mailing Address
12850 GRAN BAY PARKWAY W
BLDG 100
JACKSONVILLE, FL 32258

2. Principal Place of Business
12735 Gran Bay Parkway, West

3. Mailing Address
12735 Gran Bay Parkway, West

Suite, Apt. #, etc.
Suite 1000

Suite, Apt. #, etc.
Suite 1000

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3470211

Applied For
Not Applicable

Zip
32258

Country

Zip
32258

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

TITLE PD ☒ Delete
NAME GILLESPIE, ROBERT
STREET ADDRESS 6400 AUTEUIL, STE 200
CITY-ST-ZIP BROSSARD QUEBEC CANA, J2z 3p5

TITLE S ☐ Delete
NAME HOWARD III, LAURENCE W
STREET ADDRESS 12850 GRAN BAY PARKWAY W
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE VTD ☒ Delete
NAME FILTHAUT, BLAINE H
STREET ADDRESS 12850 GRAN BAY PARKWAY W, BLDG 100
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE D ☒ Delete
NAME CROWE, R WILLIAM
STREET ADDRESS 12850 GRAN BAY PARKWAY W, BLDG 100
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE VD ☐ Delete
NAME PETERS, BRIAN
STREET ADDRESS 12850 GRAN BAR PKWY W, BLDG 100
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE AT ☒ Delete
NAME BARABOWSKY, ANDREW
STREET ADDRESS 12850 GRAN BAY PKWY W, BLDG 100
CITY-ST-ZIP JACKSONVILLE, FL 32258

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director, Group Vice President ☒ Change ☒ Addition
NAME Drops, Ana M.
STREET ADDRESS 12735 Gran Bay Parkway, West, Suite 1000
CITY-ST-ZIP Jacksonville, FL 32258

TITLE Director, VP Legal Services, Secretary ☐ Change ☒ Addition
NAME Howard, Laurence W., III
STREET ADDRESS 12735 Gran Bay Parkway, West, Suite 1000
CITY-ST-ZIP Jacksonville, FL 32258

TITLE Treasurer ☐ Change ☒ Addition
NAME Boucher, Mark
STREET ADDRESS 261 Mountain View Drive
CITY-ST-ZIP Colchester, VT 05446

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Carney, Vaughn A.
STREET ADDRESS 261 Mountain View Drive
CITY-ST-ZIP Colchester, VT 05446

TITLE Director, President ☒ Change ☐ Addition
NAME Peters, Brian F.
STREET ADDRESS 12735 Gran Bay Parkway, West, Suite 1000
CITY-ST-ZIP Jacksonville, FL 32258

TITLE Assistant Treasurer ☐ Change ☒ Addition
NAME Hill, Ann G.
STREET ADDRESS 12735 Gran Bay Parkway, West, Suite 1000
CITY-ST-ZIP Jacksonville, FL 32258

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:

Laurence W. Howard, III

4/21/03 904-288-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (01/02)