

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H04942**

1. Entity Name

UNITED STATES CASUALTY CO.**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90161 048 ***150.00

Principal Place of Business

Mailing Address

**22 NE 22ND AVENUE
POMPANO BEACH FL 33062****22 NE 22ND AVENUE
POMPANO BEACH FL 33062-5202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2419765

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****DAVIS, WILLIAM F. III
22 NE 22ND AVENUE
POMPANO BCH. FL 33062**

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 State10. 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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> Delete |
|-------|------|-------------------|--|--|
| | DP | DAVIS, WILLIAM F. | 22 NE 22ND AVENUE POMPANO BCH. FL 33062 | |
| | VD | MACEK, MARK A. | 2700 SE 6TH ST. POMPANO BEACH FL | <input type="checkbox"/> Delete |
| | SD | SILVERMAN, LORI A | 2221 CYPRESS ISLAND DR POMPANO BEACH FL | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | | |
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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

L. Silverman
L. Silverman

4/28/00

Date

954-784-9400

Daytime Phone #

CR2E034 (9/99)