

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # H04942

1. Entity Name

UNITED STATES CASUALTY CO.



Principal Place of Business

22 NE 22ND AVENUE
POMPANO BEACH, FL 33062

Mailing Address

22 NE 22ND AVENUE
POMPANO BEACH, FL 33062



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2419765 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000090540
03/17/04-80023-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MACEK, MARK A.
STREET ADDRESS	2700 SE 6TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	SD
NAME	SILVERMAN, LORI A
STREET ADDRESS	2221 CYPRESS ISLAND DR
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	PD
NAME	DAVIS, WILLIAM F III
STREET ADDRESS	22 NE 22ND AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	TD
NAME	SMOLICH, JAMES J
STREET ADDRESS	318 NW 120TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

William F. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

954-784-9400

Daytime Phone #