

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90147 023 ***150.00

DOCUMENT # H85733

1. Entity Name

PROFESSIONAL LIABILITY UNDERWRITING SERVICES, IN

Principal Place of Business

Mailing Address

6200 COURTNEY CAMPBELL CSY
#580
TAMPA FL 33607
US

% THE PLUS COMPANIES
520 US HWY 22
BRIDGEWATER NJ 08807-2405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2602154

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

MORRISON, THOMAS K
600 N FLORIDA AVE
STE 1700
TAMPA FL 33602

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
CIUFFREDA, ROBERT
67 CRYSTAL ST
AVENEL NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
CIUFFREDA, ROBERT
520 US HIGHWAY 22, P.O. BOX 6920
BRIDGEWATER, NJ 08807-0920 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BRENNAN-BROOKS, GERALD C.
67 CRYSTAL ST
AVENEL NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BRENNAN-BROOKS, GERALD
520 US HIGHWAY 22, P.O. BOX 6920
BRIDGEWATER, NJ 08807-0920 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 908-685-7650
Date Daytime Phone #