

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90021 011 \*\*\*150.00

0381627 AV

**DOCUMENT # H92858**

**1. Entity Name**  
**NEW BASIC INSURANCE UNDERWRITERS UNLIMITED, INC.**

**Principal Place of Business**  
**6151 HOOK LANE**  
**BOYNTON BEACH FL 33437**  
**US**

**Mailing Address**  
**6151 HOOK LANE**  
**BOYNTON BEACH FL 33437**  
**US**

**904940**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2621416**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FRECHETTE, RAYMOND**  
**6151 HOOK LANE**  
**BOYNTON BEACH FL 33437**

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** \_\_\_\_\_ (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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRECHETTE, RAYMOND</b>	
STREET ADDRESS	<b>6151 HOOK LN</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRECHETTE, RITA J.</b>	
STREET ADDRESS	<b>6151 HOOK LANE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

**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** Raymond Frechette **RAYMOND FRECHETTE** **1-7-02** **561-732-0202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **Date** **Daytime Phone #**

CR2E034 (9/01)