

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90058 021 \*\*\*158.75

**DOCUMENT # J61688****1. Entity Name**  
**FIRST FLORIDA INSURERS OF TAMPA, INC.****Principal Place of Business****3502 HENDERSON BLVD STE 300**  
**TAMPA FL 33609****Mailing Address****3502 HENDERSON BLVD STE 300**  
**TAMPA FL 33609****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-2798509**

Applied For

Not Applicable

**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****PULS, JOHN L. JR.**  
**3502 HENDERSON BLVD STE 300**  
**TAMPA FL 33609**

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, 2001 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	SC	<input type="checkbox"/> Delete
NAME	PULS, JOHN LEO JR.	
STREET ADDRESS	3502 HENDERSON BLVD #300	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PULS, BRANDIE L.	
STREET ADDRESS	3502 HENDERSON BLVD. #300	
CITY-ST-ZIP	TAMPA FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	OREBAUGH, JOHN D	
STREET ADDRESS	3502 HENDERSON BLVD # 300	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 875 8662

CR2E034 (10/00)