

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017691

1. Entity Name

SECURITY PROPERTY & CASUALTY, LLC

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90205 037 ****50.00

Principal Place of Business

12555 ORANGE DR., STE. #226
DAVIE FL 33330

Mailing Address

12555 ORANGE DR., STE. #226
DAVIE FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Thomas B. Bastin

12555 Orange Drive #226

Davie

33330

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

Thomas B. Bastin

4/28/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SQUITERO, TIMOTHY R
12555 ORANGE DR., STE. #226
DAVIE FL 33330 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BASTIN, THOMAS B
12555 ORANGE DR., STE. #226
DAVIE FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas B. Bastin

4/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)