

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90048 026 ***150.00

DOCUMENT # L02706

1. Entity Name

B. M. SURETY UNDERWRITERS, INC.

Principal Place of Business

%ANDREW HELGESEN
 11380 PROSPERITY FARMS RD., STE. 201
 PALM BEACH GARDENS FL 33410

Mailing Address

1000 S MILITARY TRAIL
 D
 WEST PALM BEACH FL 33415
 US

2. Principal Place of Business

3. Mailing Address

424 SOUTH CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

City & State

City & State

WEST PALM BEACH

Zip

Country

Zip

Country

33406-3022

US

4. FEI Number

65-0150519

Applied For

Not Applicable

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

HELGESEN, ANDREW
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS FL 33410

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 **C** Delete
 NAME **NEFZGER, ANTHONY**
 STREET ADDRESS **1000 S. MILITARY TRAIL**
 CITY-ST-ZIP **WEST PALM BEACH FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MS** Delete
 NAME **NEFZGER, MICHAEL**
 STREET ADDRESS **1000 S MILITARY TRAIL**
 CITY-ST-ZIP **W PALM BCH FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **424 SOUTH CONGRESS AVE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33406-3022**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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Change Addition
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 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: Michael A. Nefzger **MICHAEL A. NEFZGER** 4/6/01 561-686-2221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)