

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2002 90051 014 \*\*\*150.00

**DOCUMENT # L21963**

1. Entity Name

**ABSOLUTE INSURANCE OF DELRAY INC.**

Principal Place of Business

% ERIC A. BIRD  
 3005 S. FEDERAL HWY  
 DELRAY BEACH FL 33483

Mailing Address

% ERIC A. BIRD  
 3005 S. FEDERAL HWY  
 DELRAY BEACH FL 33483

2. Principal Place of Business

**4746 SEXTANT CIR.**

3. Mailing Address

**4746 SEXTANT CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH**

City & State

**BOYNTON BEACH**

Zip

**33436**

Country

**PALM BCH**

Zip

**33436**

Country

**PALM BCH**

6. Name and Address of Current Registered Agent

**BIRD, ERIC A.**  
**3005 S. FEDERAL HWY**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

**4/8/02**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BIRD, ERIC A.</b>	
STREET ADDRESS	<b>820 LAVERS CIRCLE G 103</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BIRD, SHARON</b>	
STREET ADDRESS	<b>820 LAVERS CIRCLE G 103</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4746 SEXTANT CIR.</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4746 SEXTANT CIR.</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED**

**4/8/02**

**561 740 9525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)