

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAR 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000633

1. Entity Name

PROFESSIONAL INSURANCE ENTERPRISES, L.C.



Principal Place of Business

2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431

Mailing Address

P.O. BOX 871
DEERFIELD BEACH FL 33443-0871

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 65-0892084

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

HENRY M. LENNON, B.D.S.
2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENNON, HENRY B.D.S. 2499 GLADES ROAD, #207 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200013923052 03/11/03--01054--010 **311.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINER, HOWARD M.D. 9980 CENTRAL PARK BLVD., #102 BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUDETTE, JOHN 100 SPANISH CT. BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, ROBERT M.D. 5405 OKEECHOBEE BLVD., #101 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

3/3/03

561-395-8200

Date

Daytime Phone #

CR2E083 (10/02)