FILED

Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90163 029 ***150.00

2002 L	JNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # M05283

1. Entity Name

BRITAMCO UNDERWRITERS, INC.

Principal Place 210 UNIVERSI CORAL SPRIN	TY DR STE 900	Mailing Address PO BOX 770668 CORAL SPRINGS FL 3307	7-0668						
2. Principal Place of Business		3. Mailing Address				iik bidii oko		IBII 01911 1801	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-2472983		Applied For Not Applicable		
Zip	Zip Country Zip		Zip Country				8.75 Additional ee Required		
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Regi	stered Aç	jent		
			Name		-				
WEICHOL	z, stephen		Stroot	Addrose (P.O.	Box Number is Not Acceptable)				
210 UNIV	ersity dr ste 900		Sileet	Address (F.O.	Bux Number is Not Acceptable)				
CORAL SI	PRINGS FL 33071								
			City			FL	Zip Code	9	
SIGNATURE	named entity submits this statement for		registered office	or registered a	agent, or both, in the State of Florida	a.	•		
•	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signa	ature 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!!!		02 Fee will be \$	550.00 nt of State	10. Election Campaign Financ Trust Fund Contribution.		Added	May Be I to Fees		
11.	OFFICERS AND I	DIRECTORS	12.	Α	ADDITIONS/CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DPST WEICHOLZ, STEPHEN 210 UNIVERSITY DR CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ı	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEICHOLZ, SCOTT 210 UNIVERSITY DR. CORAL SPRINGS FL 33071	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			l	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOLOMON, ALBERT S. 210 UNIVERSITY DR CORAL SPRINGS FL 33071	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSH, DARREN 210 UNIVERSITY DR CORAL SPRINGS FL 33071	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			İ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	

13. Thereby certify that the information supplied with this filling 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: