2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 023 ***150.00

DOCUMENT # M05283

1. Entity Name
BRITAMCO UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
210 UNIVERSITY DR STE 900 CORAL SPRINGS, FL 33071	PO BOX 770668 CORAL SPRINGS, FL 33077-0668

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
925 S. Federal Hwy	925 S. Federal Hwy
Suite, Apt. #, etc.: Suite 715	Suite, Apt. #, etc.: Suite 715
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country:	Zip: 33432 Country:

4. FEI Number: 59-2472983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEICHOLZ, STEPHEN
210 UNIVERSITY DR STE 900
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name: Stephen Weicholz
Street Address (P.O. Box Number is Not Acceptable): 925 S. Federal Hwy
Suite 715
City: Boca Raton FL Zip Code 33432

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 01/05/2004

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPST	☐ Delete	TITLE	DPST	☒ Change ☐ Addition
NAME	WEICHOLZ, STEPHEN		NAME	Stephen Weicholz	
STREET ADDRESS	210 UNIVERSITY DR		STREET ADDRESS	925 SouFederal Hwy	
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 01/05/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #