

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90099 010 ***150.00

DOCUMENT # M88832

1. Entity Name
AMERICAN SECURITY INSURANCE BROKERAGE, INC.

| | |
|---|---|
| Principal Place of Business 687 JAMESTOWN BLVD. #1005 ALTAMONTE SPRINGS FL 32714-4633 US | Mailing Address 687 JAMESTOWN BLVD. #1005 ALTAMONTE SPRINGS FL 32714-4633 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|---------|---------------------------|---------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0057808 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| ORINKAWITZ, MIRIAM 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS FL 32714 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

| | | |
|--|---|---|
| 9. The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input type="checkbox"/> Delete ORINKAWITZ, MARK A. 478 S.E. 11TH TERR. DANIA FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 687 JAMESTOWN BLVD. #1005 ALTAMONTE SPRINGS, FL. 32714-4633 USA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS <input type="checkbox"/> Delete ORINKAWITZ, MIRIAM 478 S.E. 11TH TERR. DANIA FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 687 JAMESTOWN BLVD. #1005 ALTAMONTE SPRINGS, FL. 32714-4633 USA |
| 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 |
| 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 |

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: Miriam Orinkawitz **DVS** 04/09/02 (407) 682-8878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)