

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94137

1. Entity Name

SURETY SPECIALISTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90003 001 ***150.00

Principal Place of Business

Mailing Address

4311 WEST WATERS AVE., STE 501
TAMPA FL 33614

4311 WEST WATERS AVE., STE 501
TAMPA FL 33614-1979

2. Principal Place of Business

4311 W. WATERS AVE.

3. Mailing Address

4311 W. WATERS AVE.

Suite, Apt. #, etc.

SUITE 401

Suite, Apt. #, etc.

SUITE 401

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

U.S.A.

Zip

33614

Country

U.S.A.

4. FEI Number

65-0068123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDENFIELD, EDWARD
4311 W WATERS AVE
SUITE 401
TAMPA FL 33614

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILLIAMS, FRANCIS M.**
STREET ADDRESS **1501 SECOND AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, JOSEPH M.**
STREET ADDRESS **4311 W WATERS AVE STE 401**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **S** ☐ Delete
NAME **BLACK, CAROL S.**
STREET ADDRESS **4311 W WATERS AVE STE 401**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **P** ☐ Delete
NAME **EDENFIELD, EDWARD J. IV**
STREET ADDRESS **4311 WEST WATERS AVE., SUITE 401**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Edward J. Edenfield, IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. EDENFIELD, IV. 4-26-00

(813) 889 - 4001

Date

Daytime Phone #

CR2E034 (9/99)