

2001 UNIFORM BUSINESS REPORT (UBR)

0024063 AF

DOCUMENT # M98000000215

1. Entity Name
ASSETAMERICA INSURANCE, LLC

FILED

01 FEB -5 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1700 WATER PLACE, SUITE 170
ATLANTA GA 30339

Mailing Address
1700 WATER PLACE, SUITE 170
ATLANTA GA 30339

2. Principal Place of Business
5540 PARK BLVD
Suite, Apt. #, etc.
UNIT 1A

3. Mailing Address
5540 PARK BLVD
Suite, Apt. #, etc.
UNIT 1A

City & State
PINELLAS PARK, FL
Zip
33781
Country
USA

City & State
PINELLAS PARK, FL
Zip
33781
Country
USA

4. FEI Number 58-2368235

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME STUMBAUGH, LAWRENCE
STREET ADDRESS 1700 WATER PLACE, SUITE 170
CITY-ST-ZIP ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003676132--6
-02/13/01--01042--002
*****50.00 *****50.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Eileen SPRINGER
Signature and typed or printed name of signing managing member, manager, or authorized representative

2-2-01

727-546-5991

Date Daytime Phone #

CR2E083 (11/00)