

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90047 046 ***150.00

DOCUMENT # P00000004459

1. Entity Name
QUALSURE INSURANCE CORPORATION

Principal Place of Business

**506 SARASOTA QUAY
 SARASOTA FL 34236**

Mailing Address

**506 SARASOTA QUAY
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0970061

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

**HABEN, RALPH H JR
 1435 E. PIEDMONT DR., STE. 110
 TALLAHASSEE FL 32312**

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SAVAGE, ROBERT T JR**
 CITY-ST-ZIP **1658 TURNBURY PARK DRIVE APT 1101
 SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition
 NAME **PCEO**
 STREET ADDRESS **R. Thomas Savage, Jr.**
 CITY-ST-ZIP **6705 Coyote Ridge Court
 University Park, FL 34201**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LEE-INNIS, GERRARD**
 CITY-ST-ZIP **42B MACE PL., HALELAND, MARAVAL
 TRINIDAD, WEST INDIES**

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

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **LOMBARDO, JOHN**
 CITY-ST-ZIP **27595 RIVERBANK DR.
 BONITA SPRINGS FL 34134**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PICCIONE, TAL P**
 CITY-ST-ZIP **7 PHARIS PL.
 UPPER SADDLE RIVER NJ 07458**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TAS**
 STREET ADDRESS **Monts, Elizabeth R.**
 CITY-ST-ZIP **7201 Jessie Harbor Dr.
 Osprey, FL 34229**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Marter, Kenneth**
 CITY-ST-ZIP **1331 Confederate Ave.
 Columbia, SC 29201**

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:

Elizabeth R. Monts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#P00000004459

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11

D

Norton, John Clarence
116 John Preston Drive
Lexington, SC 29072