

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028658

1. Entity Name  
SURETY SPECIALTY GROUP, INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90009 007 \*\*\*150.00

Principal Place of Business  
10231 METRO PARKWAY  
SUITE 200  
FORT MYERS FL 33912

Mailing Address  
10231 METRO PARKWAY  
SUITE 200  
FORT MYERS FL 33912

00032394



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
385 BELL BRANCH LN.  
Suite, Apt. #, etc.

3. Mailing Address  
PO. BOX 600962  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL  
Zip  
32259  
Country  
USA

City & State  
JACKSONVILLE, FL  
Zip  
32260  
Country  
USA

4. FEI Number  
59-3682627

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BURNLEY, RANDALL  
10231 METRO PARKWAY  
SUITE 200  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name  
JOANNE M. CENTRELLA

Street Address (P.O. Box Number is Not Acceptable)

385 BELL BRANCH LANE

City JACKSONVILLE FL Zip Code 32259

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 X 1-31-2001  
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, 2001 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JOANNE M. CENTRELLA  
385 BELL BRANCH LN.  
JACKSONVILLE, FL 32259

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

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

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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: X  
Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CR2E034 (10/00)