

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90011 035 ***150.00

DOCUMENT # P00000033681

1. Entity Name

PROFESSIONAL UNDERWRITERS, INC.

Principal Place of Business

10451 GULF BLVD.
TREASURE ISLAND FL 33706

Mailing Address

10451 GULF BLVD.
TREASURE ISLAND FL 33706

2. Principal Place of Business

3. Mailing Address

P.O. Box 67008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Treasure Island, FL

4. FEI Number

59-3636112

Applied For

Not Applicable

Zip

Country

Zip
33736-7008

Country
US

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

GREGORY, WILLIAM P
715 SWANN AVE
TAMPA FL 33606

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, PAUL R**
CITY-ST-ZIP **10451 GULF BLVD.**
TREASURE ISLAND FL 33706

TITLE ☐ Change ☒ Addition
NAME **PST**
STREET ADDRESS **Smith, Paul R.**
CITY-ST-ZIP **10451 Gulf Blvd.**
Treasure Island, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **Gregory, William P.**
CITY-ST-ZIP **715 W. Swann Ave.**
Tampa, FL 33606

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
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Gregory 01-16-01 813-251-8631

Date

Daytime Phone #

CR2E034 (10/00)

0359311