

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000033681** ✓
 1. Entity Name
PROFESSIONAL UNDERWRITERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10451 Gulf Blvd.	3. Mailing Address P.O. Box 67008
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Treasure Island, FL	City & State Treasure Island, FL	4. FEI Number 59-3636112	Applied For Not Applicable
Zip	Country	Zip	Country

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Gregory, William P.
Street Address (P.O. Box Number is Not Acceptable) 715 W. Swann Ave.
City Tampa FL Zip Code 33606

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 _____ DATE _____
Signature - typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Smith, Paul R 10451 Gulf Blvd. Treasure Island, FL 33706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Gregory, William P 715 W. Swann Ave. Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William P. Gregory* **William P. Gregory** 01-15-02 (813) 251-8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034B (12/01)