

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033681

1. Entity Name

PROFESSIONAL UNDERWRITERS, INC.

FILED

03 OCT 28 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2240 Belleair Road

3. Mailing Address

2240 Belleair Road.

Suite, Apt. #, etc.

Suite 160

Suite, Apt. #, etc.

Suite 160

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-3636112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Patrick M. O'Connor, Esquire

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

O'Connor & Associates

2240 Belleair Road, Suite 160

City

Clearwater

FL

Zip Code

33764

**DO NOT WRITE
IN THIS SPACE**

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 Patrick M. O'Connor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/03

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME O'Connor, Patrick M.
STREET ADDRESS 2240 Belleair Road, Suite 160
CITY-ST-ZIP Clearwater, Florida 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500024205165
10/28/03--01045--003 **\$61.25

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick M. O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

727-539-6800