

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90043 029 ***158.75

0051343

DOCUMENT # P00000040160

1. Entity Name

EMERSON BENNETT INSURANCE, INC.

Principal Place of Business

6261 NW 6TH WAY, SUITE 207
 FT LAUDERDALE FL 33309

Mailing Address

6261 NW 6TH WAY, SUITE 207
 FT LAUDERDALE FL 33309

2. Principal Place of Business

6600 N. ANDREWS AVE

Suite, Apt. #, etc.

160

3. Mailing Address

6600 N. ANDREWS AVE

Suite, Apt. #, etc.

160

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. FEI Number

65-1019074

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARTIN, BRENTLEY C

~~6261 NW 6TH WAY, SUITE 207~~ **6600 N. ANDREWS AVE**
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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]

BRENTLEY C. MARTIN

4-27-01

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 **PD** ☐ Delete
 NAME **MARTIN, BRENTLEY C.**
 STREET ADDRESS **6600 N. ANDREWS AVE, STE 160**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENTLEY C. MARTIN, PRES/DIR.

Date

Daytime Phone #

4-27-01 776-6118

CR2E034 (10/00)