

**Amendment**  
**2003 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000010993**

1. Entity Name  
**SURETY MANAGEMENT, INC.**



03 DEC 17 AM 9:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 1000 NW 14 STREET  
 MIAMI, FL 33136

Mailing Address  
 1000 NW 14 STREET  
 MIAMI, FL 33136

2. Principal Place of Business  
**3708 S. John Young Pkwy**  
 Suite, Apt. #, etc.  
**Suite A**

3. Mailing Address  
**3708 S. John Young Pkwy**  
 Suite, Apt. #, etc.  
**Suite A**

City & State  
**Orlando, FL 32839**

City & State  
**Orlando, FL**

4. FEI Number  
**65-1074112**

Applied For  
 Not Applicable

Zip  
**32839**

Country  
**U.S.A**

Zip  
**32839**

Country  
**U.S.A**

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

**FAIBISCH, CHARLES**  
 1000 NW 14 STREET  
 MIAMI, FL 33136

Name  
**Douglas Aabbot**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3780 S. John Young Parkway**  
 Suite A  
 City  
**Orlando** **FL** Zip Code  
**32839**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**DPST** ☒ Delete  
 NAME  
**FAIBISCH, CHARLES**  
 STREET ADDRESS  
**1000 NW 14 STREET**  
 CITY-ST-ZIP  
**MIAMI, FL 33136**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**President/ Director** ☐ Change ☒ Addition  
 NAME  
**Douglas Aabbot**  
 STREET ADDRESS  
**3708 S. John Young Parkway**  
 CITY-ST-ZIP  
**Orlando, FL 32839**

TITLE  
**Vice President/Sec./Director** ☐ Change ☒ Addition  
 NAME  
**Mark Heffernan**  
 STREET ADDRESS  
**1000 NW 14 Street**  
 CITY-ST-ZIP  
**Miami, FL 33136**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
**100025561721**  
 CITY-ST-ZIP  
**12/17/03--01058--017 \*\*\*61.25**

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)