

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0063885 AV

DOCUMENT # P01000021518

1. Entity Name
TL DALLAS (SPECIAL RISKS), INC.

04-02-2002 90079 028 ***150.00

Principal Place of Business
13817 PERDIDO KEY DRIVE
SUITE 503
PENSACOLA FL 32507

Mailing Address
13817 PERDIDO KEY DRIVE
SUITE 503
PENSACOLA FL 32507



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number
59-3706494

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAGER, DOUGLAS E
13817 PERDIDO KEY DRIVE
SUITE 503
PENSACOLA FL 32507

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, 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	USHER, BERIC ANTHONY	
STREET ADDRESS	16 A NEWFIELD DRIVE	
CITY-ST-ZIP	MENSTON, ILKLEY UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, JOHN DEREK	
STREET ADDRESS	52 GROVE ROAD	
CITY-ST-ZIP	ILKLEY UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGER, DOUGLAS E	
STREET ADDRESS	7231 LAFITTE REEF	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas E. Wager*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

850-492-3315

Daytime Phone #

CR2E034 (9/01)