

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000031712

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: ASSURED COMMERCIAL INC

Current Principal Place of Business:

6963 LAKE ISLAND DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6963 LAKE ISLAND DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-1090136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUD, LINDA A
6963 LAKE ISLAND DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: MAUD, ALAN PRES
Address: 6963 LAKE ISLAND DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MR () Change (X) Addition
Name: MAUD, ALEXANDER J V.PRES
Address: 6963 LAKE ISLAND DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MRS () Change (X) Addition
Name: MAUD, LINDA A SEC
Address: 6963 LAKE ISLAND DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN MAUD

MR

04/28/2002

Electronic Signature of Signing Officer or Director

Date