

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90216 017 ***150.00

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1. Entity Name

UF UNDERWRITERS, CORP.



Principal Place of Business

1499 W PALMETTO PK RD
408
BOCA RATON FL 33486
US

Mailing Address

1499 W PALMETTO PK RD
408
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

3120 JASMINE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

Zip

Country

Zip

Country

33483

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANUSCHAK, MICHAEL S
3120 JASMINE DRIVE
DELRAY BEACH FL 33486

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. 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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 PD ☐ Delete
NAME HANUSCHAK, MICHAEL S
STREET ADDRESS 8120 JASMINE DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE SD ☐ Delete
NAME PRICE, DAVID W
STREET ADDRESS THE DELL, 42 MILL LANE, GERRARDS CROSS
CITY-ST-ZIP BUCKINGHAMSHIRE UK s19- 8dg

TITLE TD ☐ Delete
NAME LUEST, BARRIE
STREET ADDRESS 4 THE COVENT, PETTS WOOD
CITY-ST-ZIP KENT UK br6- 08u

TITLE VPD ☐ Delete
NAME GREEN, ANTHONY R
STREET ADDRESS 62 FOX DENE, GODALMING
CITY-ST-ZIP SURRY UK gu7- 1yq

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3120 JASMINE DRIVE
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME WEST, BARRIE
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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

M.S. HANUSCHAK

2/21/05

561-393-7660

Date

Daytime Phone #