

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24431

1. Entity Name

NATIONAL MARINE UNDERWRITERS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90044 033 ***150.00

Principal Place of Business

410 SEVERN AVENUE
SUITE 207
ANNAPOLIS MD 21403

Mailing Address

410 SEVERN AVENUE
SUITE 207
ANNAPOLIS MD 21403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1337983**

Applied For

Not Applicable

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

MCDONALD, DAVID
MCDONALD & MCDONALD
1393 S.W. FIRST STREET, SUITE 200
MIAMI FL 33135

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BEACHLEY, FRANK ☐ Delete
STREET ADDRESS 208 LIGHTHOUSE VIEW DR
CITY-ST-ZIP STEVENSONVILLE MD

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

TITLE VP
NAME ROBINSON, ROBERT ☐ Delete
STREET ADDRESS P.O. BOX 528
CITY-ST-ZIP FAIRFIELD PA

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

TITLE SD
NAME INGLIS, JAY ☐ Delete
STREET ADDRESS 28 WILLOW
CITY-ST-ZIP BROOKLYN HEIGHTS NY

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

TITLE T
NAME RICE, ERIN ☐ Delete
STREET ADDRESS 158 FOXCHASE DRIVE
CITY-ST-ZIP GLEN BURNIE MD 21061

TITLE ☒ Change ☐ Addition
NAME Erin Rice, Treasurer
STREET ADDRESS 23A Upshur Ave
CITY-ST-ZIP Annapolis, MD 21403
(if address)

TITLE D
NAME HOLT, J. WILLIAM ☒ Delete
STREET ADDRESS 1100 RAHWAY ROAD
CITY-ST-ZIP PLANIFIELD NJ

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Erin Rice* ERIN RICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
Date

(410)268-3100
Daytime Phone #

CR2E034 (10/00)