

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90035 017 \*\*\*150.00

**DOCUMENT # P94000007205**

1. Entity Name

**TECHNICAL INSURANCE ANALYSIS, INC.**

Principal Place of Business

**2 N. TAMiami TRAIL  
 SUITE 606  
 SARASOTA FL 34236  
 US**

Mailing Address

**2 N. TAMiami TRAIL  
 SUITE 606  
 SARASOTA FL 34236  
 US**

2. Principal Place of Business

3. Mailing Address

**1605 MAIN STREET**

**1605 MAIN STREET**

Suite/Apt. #, etc.

Suite/Apt. #, etc.

**700**

**700**

City & State

**SARASOTA, FL**

City & State

**SARASOTA**

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

4. FEI Number

**65-0467520**

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

**PETERSON, RENNO L**

**2 N TAMiami TRAIL  
 SUITE 606  
 SARASOTA FL 34236**

**1605 MAIN STREET  
 SUITE 700  
 SARASOTA, FL 34236**

Name

**PETERSON, RENNO L.**

Street Address (P.O. Box Number is Not Acceptable)

**1605 MAIN STREET, SUITE 700**

City

**SARASOTA**

**FL**

Zip Code

**34236**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **JONES, MARSHALL**  
 STREET ADDRESS **12986 LAROCHELLE CIRCLE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **VP** ☒ Delete  
 NAME **PETERSON, RENNO L.**  
 STREET ADDRESS **2 N TAMiami TR #606**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **PETERSON, RENNO L.**  
 STREET ADDRESS **1605 MAIN STREET, SUITE 700**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **DS** ☐ Delete  
 NAME **RYBKA, LAWRENCE J.**  
 STREET ADDRESS **3690 ORANGE PLACE #300**  
 CITY-ST-ZIP **BEECHWOOD OH**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
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 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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:

**Renno L. Peterson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/02**  
 Date

**941-365-4819**  
 Daytime Phone #

CR2E034 (9/01)