

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90280 022 ***150.00

DOCUMENT # P95000000381

1. Entity Name

STEADFAST INSURANCE CORPORATION



Principal Place of Business

**P.O. BOX 180164
CASSELBERRY FL 32718-0164
US**

Mailing Address

**P.O. BOX 180164
CASSELBERRY FL 32718-0164
US**

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

59-3286046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPROL BUILDING
TALLAHASSEE FL 32399

**Steadfast Insurance
Corporation**
297 Cherokee CT
Altamonte Springs FL 32709

Name

Steadfast Insurance Corp

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

297 Cherokee CT

K. Lee

City

Altamonte Springs FL

Zip Code

32709

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

Hung Kim Lee

2-1-03

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, 2003 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 **LEE, HUNG**
STREET ADDRESS **297 CHEROKEE CT**
CITY-ST-ZIP **ALTAMONTE SPRGS FL 32701**

TITLE **T** ☒ Delete

NAME **MARLOWE, CAROLYN S**
STREET ADDRESS **1518 NEW AMSTERAM WAY**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition

NAME **Lee, Hung**
STREET ADDRESS **P.O. Box 180164**
CITY-ST-ZIP **Casselberry, FL 32718-0164**

TITLE **T** ☒ Change ☐ Addition

NAME **Graham, Mary Katherine**
STREET ADDRESS **1518 New Amsterdam Way**
CITY-ST-ZIP **Orlando, FL 32818**

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

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 KEENLARED

2/1/03

4076995939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)