

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 010 ***550.00

DOCUMENT # P95000026833

1. Entity Name

ATLAS SPECIALTY UNDERWRITERS, INC.

Principal Place of Business

3511 W. COMMERCIAL BLVD.
 STE 100
 FT. LAUDERDALE FL 33309
 US

Mailing Address

3511 W. COMMERCIAL BLVD
 STE 100
 FT. LAUDERDALE FL 33309
 US

2. Principal Place of Business

2415 N.W. 31ST ST

Suite, Apt. #, etc.

3. Mailing Address

2415 N.W. 31ST ST

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0569142

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent:

TARRENCE DONALD J
500 N CYPRES CREEK RD STE 450
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

TARRENCE DONALD J

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

2415 N.W. 31ST ST

City

BOCA RATON

FL

Zip Code

33431

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

Donald J. Tarrence **DONALD J. TARRENCE, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TARRENCE, DONALD J	
STREET ADDRESS	2415 N.W. 31ST STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILSENATH WILLIAM S.	
STREET ADDRESS	12532 NW 60 PL	
CITY-ST-ZIP	CORAL SPGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald J. Tarrence **DONALD J. TARRENCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/28/00 (954) 357-9600

Daytime Phone #

CH2E034 (5/00)