

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000033878**

1. Entity Name

NATIONAL WARRANTY OF FLORIDA, INC.

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-02-2002 90030 002 ***150.00

Principal Place of Business
7391 W. 38TH AVE.
#150
WHEAT RIDGE CO 80033

Mailing Address
P. O. BOX 1088
WHEAT RIDGE CO 80034-1088
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 **84-1309131** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAUGEN, DANIEL 7391 W. 38TH AVE. #150 WHEAT RIDGE CO 80033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP D LARUE, MICHAEL 7391 W. 38TH AVE. #150 WHEAT RIDGE CO 80033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roland Africano 500 Mayville Centre Dr. #500 St. Louis MO 63141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gregg Capolando <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 500 Mayville Centre Dr. #500 St. Louis MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAVP Dominic Sancione 7391 W. 38TH AVE. #150 Wheat Ridge CO 80033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jennifer Shaw 7391 W. 38TH AVE. #150 Wheat Ridge CO 80033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE attached list <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Michael J. Larue REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

303-467-8619

Date

Daytime Phone #

CR2E034 (9/01)

Attachment 34831
#P95000033878

National Warranty of Florida, Inc. Officers and Directors (the 634 licensed company in Florida):

Daniel Haugen, President, Director
Michael La Rue, Executive VP, Treasurer, Secretary, Director
Jennifer Shaw, Vice President

Prizm Solutions, LLC. Officers and Directors (parent entity to National Warranty of Florida, Inc.):

Daniel Haugen, President, Director
Michael La Rue, Executive VP, Treasurer, Secretary, Director
Jennifer Shaw, Vice President
Dominic Sansone, Sr. VP Sales
Rick Villela, VP & Chief Technology Officer
Gregg Cariolano of Lyndon Insurance Group Inc., Director