

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90980 016 ***150.00

DOCUMENT # P95000045958

1. Entity Name

BUSINESS INSURANCE RESOURCE CORPORATION

Principal Place of Business

**4291 HUNTING TRAIL
 LAKE WORTH FL 33467
 US**

Mailing Address

**4291 HUNTING TRAIL
 LAKE WORTH FL 33467
 US**

2. Principal Place of Business

2100 Bellcrest Court
 Suite, Apt. #, etc.

3. Mailing Address

2100 Bellcrest Court
 Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-0589665

Applied For

Not Applicable

Zip

33441

Country

Palm Beach

Zip

33441

Country

Palm Beach

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KEITH RADEMACHER
 4291 HUNTING TRAIL
 LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name **Keith A. Rademacher**
 Street Address (P.O. Box Number is Not Acceptable)
2100 Bellcrest Court
 City **Royal Palm Beach FL** Zip Code **33411**

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 **Keith Rademacher**
 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 requirements 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

TITLE **DP** ☐ Delete
 NAME **RADEMACHER, KEITH A**
 STREET ADDRESS **4291 HUNTING TRAIL**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Keith A. Rademacher**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-784-7923

CR2E034 (9/01)