

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90013 001 \*\*\*150.00

**DOCUMENT # P95000078068**

1. Entity Name

**PREFERRED INSURORS INC.**

Principal Place of Business

**4873 HUNTLEIGH DR.  
 SARASOTA FL 34233**

Mailing Address

**PO BOX 20037  
 SARASOTA FL 34276**

**00030300**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0611491**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEWIS, KURT F  
 6624 GATEWAY AVE.  
 SARASOTA FL 34231**

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

*Charles L. McFarland*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCFARLAND, CHARLES L</b>	
STREET ADDRESS	<b>PO BOX 20037</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34276</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MCFARLAND, BRIAN</b>	
STREET ADDRESS	<b>P.O. BOX 20037</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34276</b>	
TITLE		<input type="checkbox"/> Delete
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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:

**CHARLES L. MCFARLAND**

Date

Daytime Phone #

*Charles L. McFarland* 2-21-02 941-927-2343

CR2E034 (9/01)