

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093112

1. Entity Name

J. B. WILLIAMS & COMPANY INSURANCE UNDERWRITERS,

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90045 014 ***150.00

Principal Place of Business 2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD FL 33020-6615
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2. Principal Place of Business 2237 N. Commerce Parkway	3. Mailing Address 2237 N. Commerce Parkway
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc. Suite #3

City & State Weston, FL	City & State Weston, FL	4. FEI Number 65-0636103	Applied For <input type="checkbox"/> Not Applicable
Zip 33326	Country US	Zip 33326	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MANELLA, ROSS 2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name: MANELLA, ROSS H. ESQ. Street Address (P.O. Box Number is Not Acceptable) 2237 n. Commerce Parkway Suite #3 City: Weston FL Zip Code: 33326
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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 ROSS H. MANELLA 4/10/2000
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERG, JOEL A 1640 W OAKLAND PARK BLVD #304 FORT LAUDERDALE FL 33311 <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	V WILLIAMS, DAVID A 1640 W OAKLAND PARK BLVD #304 FORT LAUDERDALE FL 33311 <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	V BERG, ROBERT B 1640 W OAKLAND PARK BLVD #304 FORT LAUDERDALE FL 33311 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 another like empowered.

SIGNATURE: Joel Berg Pres. 4/10/2000/ 954 3853637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #