## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

## Mar 14, 2002 8:00 am DOCUMENT # P96000090081 **Secretary of State** 1. Entity Name 03-14-2002 90308 045 \*\*\*150 00 ATLANTIC SPECIALTY LINES OF FLORIDA, INCORPORATE Principal Place of Business Mailing Address 9201 FOREST HILL AVE. 9201 FOREST HILL AVE. SUITE 202 SUITE 202 RICHMOND VA 23235 RICHMOND VA 23235 2. Principal Place of Business 3. Mailing Address 9020 9020 Stony P Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Duite City & State Applied For City & State 4. FEI Number 52-2009024 Richmon Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 23 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bryant RIDLEY, FRED S Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN STREET **SUITE 2100 TAMPA FL 33602** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE Bryant, Robert M NAME NAME BRYANT, ROBERT M 226 Vestavia Drive STREET ADDRESS STREET ADDRESS 9201 FOREST HILL AVE., SUITE 202 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235 Venice FL 34292 TITLE ☐ Delete TITLE Addition Wach holz, Paula L 9020 Stony Pt Pkwy , Swite 450 NAME WACHHOLZ, PAULA L NAME STREET ADDRESS STREET ADDRESS 9201 FOREST HILL AVE., SUITE 202 Richmond, VA 23235 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235 Kanipe, Martin H 9020 Stony Pt Pkwy, Suite 450 TITLE ☐ Delete Change Change ☐ Addition ST NAME KANIPE, MARTIN H NAME STREET ADDRESS 9201 FOREST HILL AVE., SUITE 202 STREET ADDRESS Richmond, VA 23235 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.