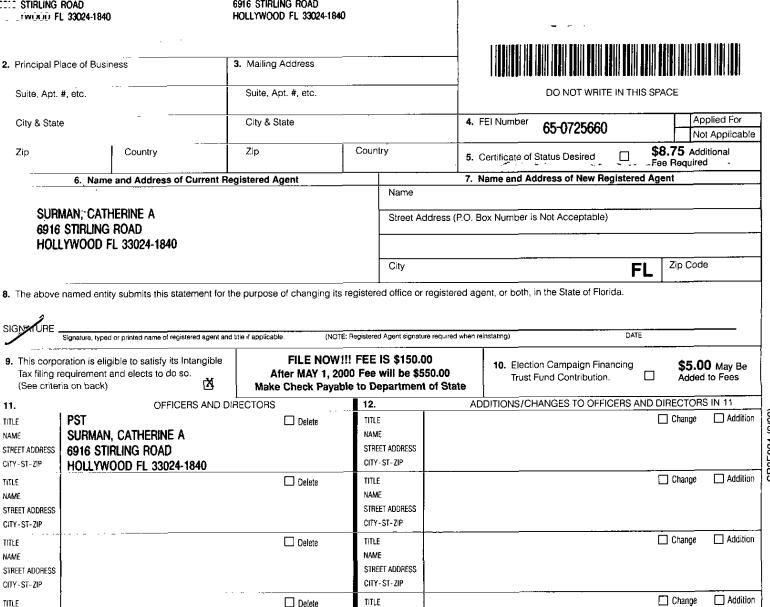
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700000872 1. Entity Name SURMAN INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 6916 STIRLING ROAD 6916 STIRLING ROAD

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90191 026 ***150.00



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 addless, with all other like empowered.

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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TITLE

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine A. Surman

(954)424-0256

Change

☐ Change

Addition

■ Addition

Daytime Phone #