2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 15, 2000 8:00 am Secretary of State DOCUMENT # P9700002287 ACCESS LEGAL INSURANCE, INC. 08-15-2000 90019 005 ***158.75 Principal Place of Business Mailing Address 400 N TAMPA ST 400 N TAMPA ST STE 2950 STE 2950 AU072754 **TAMPA FL 33602** TAMPA FL 33602 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3455152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WARDELL, JAMES A 400 N TAMPA ST STE 2950 **TAMPA FL 33602** 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 (NOTE: Registered Agent signature required when reinstating) tle if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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. ☐ Delete Change Addition TITLE -WARDELL, JAMES A NAME NAME 400 N TAMPA ST STE 2950 STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ____ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE 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-ZIP ☐ Celete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with an address, with all other like empowered. SIGNATURE:

Daytime Phone #



081500



Adcahb Agents Are Awesome!

CORPORATE OFFICE

Adam's World 3000 N.W. 101st Lane Coral Springs, FL 33065 (954) 753-8080 (800) 243-2326 930-ADAM Fax: (954) 345-1254 E Mail: adamsworld@insurer.com

AGENCIES:

Davie (954) 370-7701

Delray Beach. (561) 243-7933

Fort Lauderdale (954) 739-9330

Hallandale (954) 454-6552

Jupiter (561) 575-5665

Lake Worth (561) 966-9344

Oakland Park (954) 561-4441

Pembroke Pines (954) 431-2007

Stuart (561) 283-0003

Sunrise (954) 749-1110

Vero Beach (561) 778-1199

West Palm Beach (561) 471-5665

July 14, 2000

Uniform Business Report Divisions of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Reinstatement Department

To Whom It May Concern:

Enclosed you will find the 2000 uniform businesses report for Access Legal Insurance, Inc. requesting a fee of \$550.00. Also attached is a copy of the original form filed on 4/10/00 along with our check #1080 dated 4/6/00 for \$158.75 upon checking with our bank, we find that check #1080 has yet to clear the bank.

We are including a new check for \$158.75 and have voided the old check. We hope that due to the above circumstances you will wave the penalty fee.

If there are any questions please do not hesitate to call. Thank you for your assistance.

Sincerely,

Robert Ritirato Enclosure

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2. Principal Plac	ce of Business	3. Mailing Address	1015T/mil	, !			
3000 Suite, Apt. #,	N.W.101 CANG	Suite, Apt. #, etc.	vi unc		DO NOT WRI	TE IN THIS SPACE	
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Z 20/20/	Country	1 3065	Rowal	<i>13</i>	ertificate of Status Desired	Fee Required	
7700	6. Name and Address of Current	Registered Agent	Name	7. N	ame and Address of New	Registered Agent	
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)ell, James A Tampa St		Street Addi	ess (P.U.Bu	STATION	TILISLIK	<u> </u>
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TAMP	A FL 33602		c Pm	2000	o Renh.	FL 200	del
. The above of	named entity submits this statement for	or the purpose of changing it	ts registered office or re	gistered age	ent, or both, in the State of F	lorida.	
8. The above r	named ching submits this outcome.				•		
SIGNATURE _	Signature, typed or printed name of registered agen	it and little if applicable (NC	OTE; Registered Agent signature	required when re	instaling)	DATE	
	Signature, typed or prime or talke or region						
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ACCESS LEGAL INSURANCE, INC.

3000 NW 101ST LN.

CORAL SPRINGS, FL 33065

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TO THE ORDER OF DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 28, 2000

ACCESS LEGAL INSURANCE, INC. 3000 N.W. 101ST LANE CORAL SPRINGS, FL 33065 US

SUBJECT: ACCESS LEGAL INSURANCE, INC.

Ref. Number: P97000002287

Please be advised, we have received your annual report/uniform business report; however, the report <u>has</u> <u>not</u> <u>been</u> <u>filed</u> and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott Document Specialist

Completed

Letter Number: 100A00041209