

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018448

1. Entity Name

SOUTHERN UNDERWRITERS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90329 033 ***150.00

Principal Place of Business

2700 W ATLANTIC BLVD
#204
POMPANO BEACH FL 33069
US

Mailing Address

P.O. BOX 770700
CORAL SPRINGS FL 33077-0700
US

2. Principal Place of Business

324 S STATE RD 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

4. FEI Number

65-0730981

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEILLY, ORRIN R ESQ
105 SOUTH NARCISSUS AVENUE
SUITE 705
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2001 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

TITLE NAME	PS MARGOLIS, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	2700 W ATLANTIC BLVD #204	
CITY - ST - ZIP	POMPANO BEACH FL 33069	
TITLE NAME	VPT ZIMMERMAN, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2700 W ATLANTIC BLVD #204	
CITY - ST - ZIP	POMPANO BEACH FL 33069	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	324 S. STATE RD 7	
CITY - ST - ZIP	MARGATE FL 33068	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	324 S. STATE RD 7	
CITY - ST - ZIP	MARGATE FL 33068	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Month-Year

CR2E034 (10/00)