2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90008 040 ***150.00

DOCUMENT # P97000047082

1. Entity Name
CONTRACTORS INSURANCE ADMINISTRATORS, INC. OF FL

Principal Place of Business	Mailing Address
9003 WATERFORD CTR BLVD #100 AUSTIN TX 78758 US	9003 WATERFORD CTR BLVD #100 AUSTIN TX 78758 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2836206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BALARSKY, BRIAN A 3306 RIVERCREST DRVE AUSTIN TX 78746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] BRIAN A. BALARSKY 01/18/2001 512-339-4441 X1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)

CONTRACTORS INSURANCE ADMINISTRATORS, INC. OF FLORIDA
9003 WATERFORD CENTRE BLVD., SUITE 100
AUSTIN, TX 78736
800-368-2666

808711
#P17000047022

January 25, 2001

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report for CIA of FL

Dear Sir or Madam:

Enclosed is the original 2001 Uniform Business Report for Contractors Insurance Administrators, Inc. of Florida along with the appropriate fee.

If you have any questions, please give me a call at extension 1242. Thanks!

Sincerely,

Kristine Serbus

Kristine Serbus
Licensing & Compliance