

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

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

7. Name and Address of New Registered Agent

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

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 **PS** ☐ Delete
 NAME **BALARSKY, BRIAN A**
 STREET ADDRESS **3306 RIVERCREST DRIVE**
 CITY-ST-ZIP **AUSTIN TX 78746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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

BRIAN A. BALARSKY 01/18/2001 512-339-4441
 Date Daytime Phone #

X1225

CR2E034 (10/00)

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

808711
#P7-00004702

January 25, 2001

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

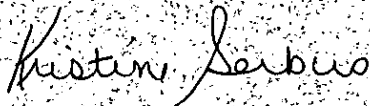
Re: Uniform Business Report for CIA of FL

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
Licensing & Compliance