

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90186 024 ***150.00

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1. Entity Name
PEMBROKE MANAGING AGENTS, INC.



Principal Place of Business
**2473 CARE DRIVE
SUITE 201
TALLAHASSEE FL 32308**

Mailing Address
**P.O. BOX 13298
TALLAHASSEE FL 32317-3298
US**

11014275



2. Principal Place of Business

3. Mailing Address

P O BOX 14075

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Tallahassee, FL

4. FEI Number **59-3480279**

Applied For

Not Applicable

Zip

Country

Zip

Country

32317-4075

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

**MILLER, TRAVIS L
106 EAST COLLEGE AVE
SUITE 1200
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

101 N Monroe Street

Suite 775

City

Tallahassee

FL

Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LUMMIS, JOHN M**
STREET ADDRESS **38 HARBOUR ROAD**
CITY-ST-ZIP **BEVERLY, BERMUDA**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPST** ☐ Delete
NAME **MERRITT, MARTIN J**
STREET ADDRESS **15 POKIOK CRESCENT**
CITY-ST-ZIP **SMITHS PARISH, BERMUDA FLO5**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PETTY, DIANA J**
STREET ADDRESS **11 ROCKY RIDGE DR**
CITY-ST-ZIP **SMITHS PARISH, BERMUDA**

TITLE ☒ Change ☐ Addition
NAME **DAVIES, DIANA J**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FRIEDBERG, THOMAS**
STREET ADDRESS **2 STIRLING WAY**
CITY-ST-ZIP **MT. HOLLY NJ 08060**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **KINSEY, KRISTINE M**
STREET ADDRESS **3915 PACE PLACE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **HUGHES, FOREST I**
STREET ADDRESS **401 CORTEZ STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

972-664-7034

Daytime Phone #

CR2E034 (10/02)