

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90394 017 \*\*\*150.00

**DOCUMENT #** P97000108980

**1. Entity Name**

SURETY SERVICE UNLIMITED, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
8602 HURON COURT

**3. Mailing Address**  
8602 HURON COURT

Suite, Apt. #, etc.  
UNIT 50

Suite, Apt. #, etc.  
UNIT 50

DO NOT WRITE IN THIS SPACE

**City & State**  
TAMPA, FLORIDA

**City & State**  
TAMPA, FLORIDA

**4. FEI Number**  
59-3485780

**Applied For**  
Not Applicable

**Zip**  
33614

**Country**  
HILLSBOROUGH

**Zip**  
33614

**Country**  
HILLSBOROUGH

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** WARREN RAY BARNETT

**Street Address (P.O. Box Number is Not Acceptable)**  
8602 HURON COURT UNIT 50

**City** TAMPA

**FL**

**Zip Code** 33614

**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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

**TITLE** PRESIDENT, VICE-PRESIDENT, SECRETARY  
**NAME** WARREN RAY BARNETT  
**STREET ADDRESS** 8602 HURON COURT UNIT 50  
**CITY-ST-ZIP** TAMPA, FL 33614

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowerments.

**SIGNATURE:** WARREN RAY BARNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2002

Date

813 932-3891

Daytime Phone #

CR2E034B (12/01)