

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011616

1. Entity Name

SPECIALTY MARKET INSURANCE, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90053 024 \*\*\*150.00

Principal Place of Business

1901 N ATLANTIC BLVD SUITE S4C  
FORT LAUDERDALE FL 33305

Mailing Address

1901 N ATLANTIC BLVD SUITE S4C  
FORT LAUDERDALE FL 33305-3746

2. Principal Place of Business

1901 N. OCEAN BLVD.

Suite, Apt. #, etc.

S-4C

City & State

Fort Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Address

1901 N. OCEAN BLVD.

Suite, Apt. #, etc.

S-4C

City & State

Fort Lauderdale, FL

Zip

33305-3746

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROYALE MANAGEMENT SERVICES, INC.  
2319 N ANDREWS AVENUE  
FORT LAUDERDALE FL 33311

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	1901 N ATLANTIC BLVD SUITE S4C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SMITH, GEORGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1901 N. OCEAN BLVD SUITE S4C	
STREET ADDRESS	FORT LAUDERDALE, FL 33305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

4/8/00

Date

954-557-0880

Daytime Phone #

CP2E034 (9/99)