

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 8:00 am**
Secretary of State

04-21-2000 90146 015 ***150.00

DOCUMENT # P99000014313

1. Entity Name

TRUSTWORTH INSURANCE SERVICES, INC.

Principal Place of Business

**1542 BROADWAY
FT MYERS FL 33901**

Mailing Address

**P O BOX 61207
FT MYERS FL 33906-1207**

2. Principal Place of Business

2730 New Brittany Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

4. FEI Number

65-0901747

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**PATTERSON, THOMAS A
1542 BROADWAY
FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **=Same=**Street Address (P.O. Box Number is Not Acceptable)
**12730 New Brittany Boulevard
Suite 401**

City

Fort Myers**FL**Zip Code
33907

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.

P.A.

(NOTE: Registered Agent signature required when reinstating)

03/03/2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S
Thomas A. Patterson
12730 New Brittany Blvd - Ste. 401
Fort Myers, FL 33907**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T
William A. Heathcote Shaw
9 North Main Street - 2nd Floor
Allentown, NJ 08501**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

03/03/2000

Date

941-939-5101

Daytime Phone #

CR 1014 1999