

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90211 032 \*\*\*150.00

**DOCUMENT # P99000014313**

1. Entity Name

**TRUSTWORTH INSURANCE SERVICES, INC.**

Principal Place of Business

**12730 NEW BRITTANY BLVD  
 STE 401  
 FORT MYERS FL 33907  
 US**

Mailing Address

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

2. Principal Place of Business

**8494 CHARTER CLUB CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**UNIT 1806**

City & State

**FORT MYERS FL**

City & State

Zip

**33919**

Country

**USA**

Zip

Country

4. FEI Number **65-0901747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, THOMAS A  
 12730 NEW BRITTANY BLVD  
 STE 401  
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

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

**8494 CHARTER CLUB CIRCLE**

**UNIT 1806**

City

**FORT MYERS**

**FL**

Zip Code

**33919**

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

**04-30-2001**

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

TITLE **PS** ☐ Delete  
 NAME **PATTERSON, THOMAS A**  
 STREET ADDRESS **12730 NEW BRITTANY BLVD STE 401**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **VT** ☐ Delete  
 NAME **SHAW, WILLIAM A H**  
 STREET ADDRESS **9 NORTH MAIN ST 2ND FLOOR**  
 CITY-ST-ZIP **ALLENTOWN NJ 08501**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **8494 CHARTER CLUB CIRCLE**  
 STREET ADDRESS **UNIT 1806**  
 CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ 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 reports 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:

**THOMAS A. PATTERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04-30-01**

Daytime Phone #

**941-**

**826-7201**

CR2E034 (10/00)

0534195