

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90020 022 ***150.00

DOCUMENT # P99000022731

1. Entity Name

ASSURED ADMINISTRATOR SERVICES, INC.

Principal Place of Business

**1525 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316**

Mailing Address

**1525 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

601 N. RIO VISTA BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

#112

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE - FL.

City & State

FT. LAUDERDALE - FL.

Zip

33301

Country

BROWARD

Zip

33301

Country

FL

4. FEI Number

65-0947996

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOUE, WILLIAM

**1525 S. ANDREWS AVE. 601 N. RIO VISTA BLVD #112
FT. LAUDERDALE FL 33316 FT. LAUD. FL. 33301**

7. Name and Address of New Registered Agent

Name

WILLIAM HOUE - ASSURED ADMIN.

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

601 N. RIO VISTA BLVD #112

City

FT. LAUDERDALE - FL.

FL

Zip Code

33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-01

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 **PD** ☐ Delete
NAME **HOUE, WILLIAM**
STREET ADDRESS **1525 S. ANDREWS AVE. 601 N. RIO VISTA BLVD #112**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316 FT. LAUD. FL. 33301**

TITLE **D** ☐ Delete
NAME **HOUE, PAMELA**
STREET ADDRESS **1525 S. ANDREWS AVE. SAME**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 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:

William Houe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1-17-01 954-522-6667

CR2E034 (10/00)