

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90666 049 \*\*\*150.00

**DOCUMENT # P99000039142**

**1. Entity Name**  
**INSURERS UNLIMITED, INC.**

Principal Place of Business <b>STE. 2205, SUNSHINE PROFESSIONAL CENTER</b> <b>9240 BONITA BEACH RD.</b> <b>BONITA SPRINGS FL 34135</b>	Mailing Address <b>STE. 2205, SUNSHINE PROFESSIONAL CENTER</b> <b>9240 BONITA BEACH RD.</b> <b>BONITA SPRINGS FL 34135</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3570836</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CASEY, PATRICK B CPA</b> <b>STE. 2205, SUNSHINE PROFESSIONAL CENTER</b> <b>9240 BONITA BEACH RD.</b> <b>BONITA SPRINGS FL 34135</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DS</b>						
	<b>CULLEY, SANDRA A</b>	<b>9240 BONITA BEACH RD., STE. 2205</b>	<b>BONITA SPRINGS FL 34135</b>				
	<b>P</b>						
	<b>CULLEY, JAMES C</b>	<b>9240 BONITA BEACH RD # 2205</b>	<b>BONITA SPRINGS FL 34135</b>				
	<b>VP</b>						
	<b>CULLEY, TERESA A</b>	<b>9240 BONITA BEACH ROAD # 2205</b>	<b>BONITA SPRINGS FL 34135</b>				
	<b>VP</b>						
	<b>FITZGERALD, DENNIS P</b>	<b>9240 BONITA BEACH RD #2205</b>	<b>BONITA SPRINGS, FL 34135</b>				
	<b>VP</b>						
	<b>RIVERA, SEAN A</b>	<b>9240 BONITA BEACH RD #2205</b>	<b>BONITA SPRINGS, FL 34135</b>				

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: SANDRA CULLEY SECRETARY**

4-4-02 239-498-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)