

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90420 039 ***150.00

DOCUMENT # P99000039142

1. Entity Name
INSURERS UNLIMITED, INC.



Principal Place of Business
~~STE. 2205 SUNSHINE PROFESSIONAL CENTER~~
~~9240 BONITA BEACH RD.~~
~~BONITA SPRINGS FL 34135~~

Mailing Address
~~STE. 2205 SUNSHINE PROFESSIONAL CENTER~~
~~9240 BONITA BEACH RD.~~
~~BONITA SPRINGS FL 34135~~



2. Principal Place of Business
27299 Riverview Cntr Blvd

3. Mailing Address
27299 Riverview Cntr Blvd

Suite, Apt. #, etc.
#207

Suite, Apt. #, etc.
207

City & State
Bonita Springs, FL 34134

City & State
Bonita Springs, FL

4. FEI Number **59-3570836**

Applied For
Not Applicable

Zip Country
34134 Lee

Zip Country
34134 Lee

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CASEY, PATRICK B CPA
STE. 2205, SUNSHINE PROFESSIONAL CENTER
9240 BONITA BEACH RD.
BONITA SPRINGS FL 34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CULLEY, SANDRA A 9240 BONITA BEACH RD., STE. 2205 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLEY, JAMES C 9240 BONITA BEACH RD # 2205 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULLEY, TERESA A 9240 BONITA BEACH ROAD # 2205 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, DENNIS P 9240 BONITA BEACH ROAD # 2205 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, SEAN A 9240 BONITA BEACH ROAD # 2205 BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	27299 RIVERVIEW CENTER BLVD BLDG 2 SUITE 207 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Sandra Culley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 239 498 7111
Date Daytime Phone #

CR2E034 (10/02)