

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90089 015 ***150.00

DOCUMENT # P99000055757

1. Entity Name

QUALSURE UNDERWRITING AGENCIES, INC.

Principal Place of Business

**506 SARASOTA QUAY
SARASOTA FL 34236**

Mailing Address

**506 SARASOTA QUAY
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0969552**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HABEN, RALPH H JR
1435 E. PIEDMONT DR.
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)
1435 E. Piedmont Dr., Ste. 110

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

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

(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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PCEO			<input type="checkbox"/>		R. Thomas Savage Jr.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	THOMASSAUAGE, R. JR.	6705 COYOTE RIDGE CT	UNIVERSITY PARK FL 34201			1658 Turnbury Park Drive, Apt. 1101	Sarasota, FL 34243			
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	LEE-INNISS, GERRARD	42B MACE PL., HALELAND PK.	MARAVALL, TRINIDAD, W. INDIES							
	DC			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	LOMBARDO, JOHN	27595 RIVERBANK DR.	BONITA SPRINGS FL 34134							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PICCIONE, TAL P	7 PHARIS PLACE	UPPER SADDLE RIVER NJ 07458							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SAMPLES, JACK	4618 PORTICO COURT	JEFFERSONTOWN KY 40299							
	TAS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MONTES, ELIZABETH R	7201 JESSIE HARBOR DR	OSPNEY FL 34229							

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

Date

Daytime Phone #

CR2E034 (10/00)