

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90173 017 ***158.75

DOCUMENT # P99000084144

1. Entity Name
ATHLETIC INSURANCE, INC.



Principal Place of Business
**1730 NORTHWEST 109TH AVENUE
PEMBROKE PINES FL 33026**

Mailing Address
**1730 NORTHWEST 109TH AVENUE
PEMBROKE PINES FL 33026**



2. Principal Place of Business

1730 NW 109th Ave

3. Mailing Address

1730 NW 109th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

Country

33026

USA

Zip

Country

33026

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0950341

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, RYAN
1730 NORTHWEST 109TH AVENUE
PEMBROKE PINES FL 33026**

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

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

(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

TITLE **P** ☒ Delete
NAME **LEAR, JOE**
STREET ADDRESS **5630 WELLESLEY PARK DRIVE APT. 204**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **ST** ☐ Delete
NAME **COLLINS, RYAN**
STREET ADDRESS **1730 NORTHWEST 109TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **RYAN COLLINS**
CITY-ST-ZIP **1730 NW 109th Ave**
Pembroke Pines, FL 33026

TITLE ☐ Change ☒ Addition
NAME **MONIQUE DUNCANSON**
STREET ADDRESS **TREASURER**
CITY-ST-ZIP **1730 NW 109th Ave**
Pembroke Pines, FL 33026

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

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:

RYAN COLLINS

Date

Daytime Phone #

(786) 229-7611

CR2E034 (10/02)