

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90018 003 \*\*\*158.75

**DOCUMENT # S17998**

1. Entity Name

**INVESTMENT UNDERWRITERS INSURANCE GROUP, INC.**

Principal Place of Business

291 NW 78 TERR  
 203  
 PEMBROKE PINES FL 33024  
 US

Mailing Address

PO BOX 245393  
 PEMBROKE PINES FL 33024  
 US

2. Principal Place of Business

9000 SHERIDAN ST.

3. Mailing Address

9000 SHERIDAN ST.

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33024

Country

US

Zip

33024

Country

US

6. Name and Address of Current Registered Agent

NAULT, KEITH A.

291 NW 78 TERRACE 203  
 PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name: **KEITH A. NAULT**

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

9000 SHERIDAN ST.

Suite 103

City: **PEMBROKE PINES**

FL

Zip Code: **33024**

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, 2002 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	PT	<input type="checkbox"/> Delete
NAME	NAULT, KEITH A.	
STREET ADDRESS	291 NW 78 TERRACE 203	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NAULT, KEITH A.	
STREET ADDRESS	291 NW 78 TERR 203	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	NAULT, KEITH A.	
STREET ADDRESS	291 NW 78 TERR 203	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9000 SHERIDAN ST #103
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9000 SHERIDAN ST. #103
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9000 SHERIDAN ST. #103
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2002 954 964 4557

CR2E034 (9/01)