

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90170 042 ***158.75

DOCUMENT # S17998

1. Entity Name
INVESTMENT UNDERWRITERS INSURANCE GROUP, INC.



Principal Place of Business
**9000 SHERIDAN ST
SUITE 103
PEMBROKE PINES FL 33024
US**

Mailing Address
**9000 SHERIDAN ST
SUITE 103
PEMBROKE PINES FL 33024
US**



2. Principal Place of Business
9000 SHERIDAN ST

3. Mailing Address
9000 SHERIDAN ST.

Suite, Apt. #, etc.
SUITE 108

Suite, Apt. #, etc.
SUITE 108

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

Zip
33024

Country
US

Zip
33024

Country
US

4. FEI Number **65-0242597**

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NAULT, KEITH A.
9000 SHERIDAN ST
SUITE 103
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **NAULT, Keith, A**
Street Address (P.O. Box Number is Not Acceptable)
9000 SHERIDAN ST
SUITE 108
City **PEMBROKE PINES** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Keith A. Nault** (KEITH NAULT, PRESIDENT)

02/25/2003

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 **PT** ☐ Delete
NAME **NAULT, KEITH A.**
STREET ADDRESS **9000 SHERIDAN ST, #103**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☒ Change ☐ Addition
NAME **NAULT, KEITH A.**
STREET ADDRESS **9000 SHERIDAN ST, #103**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **VP** ☒ Delete
NAME **NAULT, KEITH A**
STREET ADDRESS **9000 SHERIDAN ST, #103**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☒ Addition
NAME **NAULT, NANCY**
STREET ADDRESS **9000 SHERIDAN ST, #108**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **S** ☐ Delete
NAME **NAULT, KEITH A**
STREET ADDRESS **9000 SHERIDAN ST, #103**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☒ Change ☐ Addition
NAME **NAULT, NANCY**
STREET ADDRESS **9000 SHERIDAN ST, #108**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **KEITH NAULT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 02/25/2003 (954) 964-4557

CR2E034 (10/02)