

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21249

1. Entity Name  
SRB INSURANCES, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90090 006 \*\*\*150.00

Principal Place of Business

200 W. WELBORNE AVE  
SUITE 7  
WINTER PARK FL 32789  
US

Mailing Address

200 W. WELBORNE AVE  
SUITE 7  
WINTER PARK FL 32789  
US

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 59-3047390

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

BUNKERS, SCOTT R.  
200 W. WELBORNE AVENUE #7  
WINTER PARK FL 32789

Name

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

8. The above named entity submits this statement for the purpose of cha

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FIL**  
**After M**  
**Make Che**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PST BUNKERS, SCOTT R 1320 MAGNOLIA BAY COURT MAITLAND FL 32751

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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

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

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

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 another like empowered.

SIGNATURE: Scott R Bunkers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President  
Date

1/14/01  
Daytime Phone # (407) 7405337  
Ext 212

← NOTE  
Effective + Filed  
with Tallahassee  
1/15/01 the new  
Name is:  
Insurance Consultants  
of Central Florida, Inc.

FL Zip Code  
Florida.  
DATE  
Financing ☐ \$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS IN 11  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

CR2E034 (10/00)