2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF
DIVISION OF CORP.
01 DEC -6 PM 4:06

DO NOT WRITE IN THIS SPACE

DOCUMENT # S76301

1. Entity Name
AMERICAN PROTECTIVE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
28163 US HWY 19 NORTH SUITE 201 CLEARWATER FL 33761 US	28163 US HWY 19 NORTH SUITE 201 CLEARWATER FL 33761 US

2. Principal Place of Business	3. Mailing Address
4140 MORENO DRIVE	4140 MORENO DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FLORIDA	City & State: PALM HARBOR, FLORIDA
Zip: 34685 Country: U.S.	Zip: 34685 Country: U.S.

4. FEI Number 59-3080688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, NICHOLAS A.
28163 US HWY 19 NORTH
SUITE 201
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name: NICHOLAS A. MORGAN
Street Address (P.O. Box Number is Not Acceptable): 4140 MORENO DRIVE
City: PALM HARBOR, FLORIDA FL Zip Code 34685

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] 12-3-01
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 State

10. 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	P MORGAN, NICHOLAS A. 28163 US HWY 19 N., #201 CLEARWATER FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EBERT, WILLIAM E. 28163 US 19 N. #201 CLEARWATER FL ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (1/00)

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] NICHOLAS A. MORGAN 4-20-01 1-727-796-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P
[signature] NICHOLAS A. MORGAN 12-3-01 1-727-796-4279