

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V02789**1. Entity Name  
**EMPIRE WARRANTY HOLDING COMPANY**

## Principal Place of Business

8600 PINES BLVD

PEMBROKE PINES

33024

FL

US

## Mailing Address

110 S.E. SIXTH STREET

20TH FLOOR

FT. LAUDERDALE

33301

US

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0329881**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

## 7. Name and Address of New Registered Agent

Name

ROLLIN KENNETH B

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

110 SE 6TH STREET

20TH FLOOR

City

FORT LAUDERDALE

FL

Zip Code

33301

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 **KENNETH ROLLIN****05/01/2001**

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	V	<input checked="" type="checkbox"/> Delete
NAME	GAHAM KEN	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	HODGEN BRAD	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	REESE DONALD J	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FERRANDO JONATHN P	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURHIS MARC L	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
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		
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: **JONATHAN P. FERRANDO**

V

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)