## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

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## FILED Mar 27, 2001 8:00 am DOCUMENT # P00000117122 **Secretary of State** PREFERRED PROPERTY RISK PURCHASING GROUP, INC. 03-27-2001 90020 013 \*\*\*150.00 Principal Place of Business Mailing Address C/O JGS INSURANCE C/O JGS INSURANCE 960 HOLMDEL RD., BLDG. 2 960 HOLMDEL RD., BLDG, 2 HOLMDEL NJ 07733-0409 HOLMDEL NJ 07733-0409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4 FEI Number 22-181300x Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. KELLEY RD. TALLAHASSEE FL 32311 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE P ☐ Addition TITLE ☐ Delete STEPHEN J. RANE NAME NAME 119 STOUT DRIVE STREET ADDRESS STREET ADDRESS MINDLETOWN, N.J. 07748 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition KENNETH L. HAGEN 22 ORCA COURT STREET ADDRESS STREET ADDRESS TINTON FACES, N.S. 0772X CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE VINCENT 5. 4AGEL NAME NAME 7 MARC ROAD STREET ADDRESS STREET ADDRESS WEST LONG BRANCH N.J. 07764 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

attachment #7/17/22

5/8588

03/21/01

The following documents are submitted in compliance with

Department of State

Tallahassee, F1 32302-1500

registration requirements:

P. O. Box 1500

JGS INSURANCE

JACOBSON

GOLDFARB

SCOTT

INSURANCE

960 HOLMDEL ROAD

**BUILDING 2** 

HOLMDEL, NJ 07733-0409

TEL 732 834 9800

FAX 732 834 0233

- 1. 2001 Uniform Business Report for Preferred Property Risk Purchasing Group, Inc.
- 2. Check # 6616 in the amount of \$150.00 for filing fee.

If you required additional information please contact this office. Thank you.

Sincerely yours,

Joseph/R. Vivo