

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90214 034 \*\*\*150.00

**DOCUMENT # P97000047082**

**1. Entity Name**  
**CONTRACTORS INSURANCE ADMINISTRATORS, INC. OF FLORIDA**



**Principal Place of Business**  
**9003 WATERFORD CTR BLVD**  
**#100**  
**AUSTIN TX 78758**  
**US**

**Mailing Address**  
**9003 WATERFORD CTR BLVD**  
**#100**  
**AUSTIN TX 78758**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **74-2836206**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.**

**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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PS** ☒ Delete  
**NAME** **BALARSKY, BRIAN A**  
**STREET ADDRESS** **2108 REAL COTORCE**  
**CITY-ST-ZIP** **AUSTIN TX 78746**

**TITLE** **Pres** ☒ Change ☐ Addition  
**NAME** **Reni SAKOS**  
**STREET ADDRESS** **611 Crystal Creek Dr.**  
**CITY-ST-ZIP** **Austin, TX 78758**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **Glenna Cline**  
**STREET ADDRESS** **1420 Deer Ledge Trail**  
**CITY-ST-ZIP** **Cedar Park, TX 78613**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **Sec.** ☐ Change ☒ Addition  
**NAME** **Kristin K. Goodale**  
**STREET ADDRESS** **10613 Scotland Well Dr.**  
**CITY-ST-ZIP** **Austin, TX 78750**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Reni SAKOS*  
**Reni SAKOS**

Date

Daytime Phone #

**1/20/03 512/339-4441**

CR2E034 (10/02)