

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 596732 1. Entity Name CAMPBELL & ROBERTS INSURANCE, INC.				 ✓		20024450	
Principal Place of Business 3201 N. FEDERAL HWY. SUITE 200 FORT LAUDERDALE, FL 33306		Mailing Address 3201 N. FEDERAL HWY. SUITE 200 FORT LAUDERDALE, FL 33306					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1873792			
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERTS, ROBERT, V 3201 N. FEDERAL HWY., STE. 200 FORT LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent 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's signature required when returning)							
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE ST NAME ROBERTS, ROBERT V. STREET ADDRESS 3201 N FEDERAL HWY #200 CITY-ST-ZIP FORT LAUDERDALE, FL 33306	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE P NAME CAMPBELL, ARTHUR STREET ADDRESS 3201 N FEDERAL HWY #200 CITY-ST-ZIP FORT LAUDERDALE, FL 33306	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE V NAME ROBERTS, ROBERT V., JR. STREET ADDRESS 3201 N FEDERAL HWY #200 CITY-ST-ZIP FORT LAUDERDALE, FL 33306	☐ 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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(v), 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 507, 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: <u>Robert V. Roberts</u> <u>2-4-03</u> <u>954-561-2220</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E034 (10/02)