2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 597144** Feb 21, 2000 8:00 am Secretary of State JAMES F. MATHESON INSURANCE AGENCY, INC. 02-21-2000 90038 030 ***150.00 Principal Place of Business Mailing Address 6901 OKEECHOBEE BLVD 6901 OKEECHOBEE BLVD W PALM BEACH FL 33411-2512 W PALM BEACH FL 33411-2509 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1983063 Not Applicable Zip Country \$8.75 Additional Zip Country -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHESON, JAMES F Street Address (P.O. Box Number is Not Acceptable) 6901 OKEECHOBEE BLVD W PALM BCH FL 33411 Zip Code FL 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 After M/IY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE MATHESON, JAMES F NAME STREET ADDRESS 4139 SW OLD ST LUCIE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL Addition STD ☐ Delete Change TITLE MATHESON, JEAN S NAME NAME STREET ADDRESS 4139 SE OLD ST LUCIE BLVD STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP ☐ Change □ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition De'ete TITLE NAME NAME

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 receiper 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 chapted or on an attachment with an address with all the empowered or one of the corporation or one of the corporation or one of the corporation of

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

James F. Matheson

2/5/00 561-615-6660

☐ Change

☐ Addition

CR2E034 (9/99