2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # F17350** 1. Entity Name AGENTS INSURANCE GROUP OF BOCA, INC. 4-25-2001 90085 024 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 23470 P.O. BOX 23470 P O BOX 23470 P O BOX 23470 FT. LAUDERDALE FL 33307-3470 FT. LAUDERDALE FL 33307-3470 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1986638 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTINEZ, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1919 NE 45 ST- STE118 FORT LAUDERDALE FL 33308 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE MARTINEZ, LESLIE M NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 23470 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change ☐ Delete TITLE NAME MARTINEZ, ROBERT J. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 23470 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FI TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change [ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition TITLE □ Delete 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

(954) 491-2100

Daytime Phone #