

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90117 015 ***150.00

DOCUMENT # **F49851** ✓

1. Entity Name

INSURAMERICA OF FLORIDA, INC.

039636

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6639 Southpoint Pkwy

Suite, Apt. #, etc.

Ste 108

City & State

Jacksonville, Fl.

Zip

Country

32216

Duval

3. Mailing Address

6639 Southpoint Pkwy

Suite, Apt. #, etc.

Ste 108

City & State

Jacksonville, Fl.

Zip

Country

32216

Duval

4. FEI Number

59-2130271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Walton, Otis L.

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

6639 Southpoint Pkwy Ste 108

City

Jacksonville

FL

Zip Code

32216

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DT
NAME	WILLIAMS, WALTER JR
STREET ADDRESS	6639 SOUTHPOINT PKWY STE 108
CITY-ST-ZIP	JACKSONVILLE, FL. 32216
TITLE	VPS
NAME	ELLISON, DIANE M.
STREET ADDRESS	6639 SOUTHPOINT PKWY STE 108
CITY-ST-ZIP	JACKSONVILLE, FL. 32216
TITLE	P
NAME	WALTON, OTIS L. (BOBBY)
STREET ADDRESS	6639 SOUTHPOINT PKWY STE 108
CITY-ST-ZIP	JACKSONVILLE, FL. 32216
TITLE	VP
NAME	GARCEAU, KAREN
STREET ADDRESS	6639 SOUTHPOINT PKWY STE 108
CITY-ST-ZIP	JACKSONVILLE, FL. 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

904-332-8585

Date:

Daytime Phone #