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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G10006

1. Corporation Name
UNIVERSAL INSURANCE AGENCY, INC.

Principal Place of Business
3115 Spring Glen Rd #507
~~7751 BELFORT PKWY #180~~
JACKSONVILLE FL ~~32256~~ 32207

Mailing Address
3115 Spring Glen Rd #507
~~7751 BELFORT PKWY #180~~
JACKSONVILLE FL ~~32256~~ 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/18/1982

2. Principal Place of Business
21 3115 Spring Glen Rd
Suite, Apt. #, etc.
22 507
City & State
23 Jacksonville Fl
Zip 24 32207 Country 25 USA

2a. Mailing Address
26 3115 Spring Glen Rd
Suite, Apt. #, etc.
27 507
City & State
28 Jacksonville Fl
Zip 29 32207 Country 30 USA

4. FEI Number
59-2251989
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.
217 PONTE VEDRA PARK DRIVE
BUILDING 100 SUITE 200
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	ROMITA, JOAN		1.2 NAME	CROMARTIE, RICHARD STEPHEN	
STREET ADDRESS	2392 COVINGTON CRK CIR E		1.3 STREET ADDRESS	5120 Harrow Rd	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville Fl 32217	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMALL, ROBERT		2.2 NAME		
STREET ADDRESS	3801 CROWN POINT #2114		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN ROMITA Joan Romita Pres 3-9-99 (904)396 5789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #