2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003
Secretary of State

DOCUMENT# M31703

Entity Name: PHOENIX AMERICAN INSURANCE GROUP, INC.

Current Principal Place of Business:

6303 BLUE LAGOON DR.
APT 225
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6303 BLUE LAGOON DR.
APT 225
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-2786982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAPY, CHARLES C III
200 S. BISCAYNE BLVD., 34TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROOKS, R. STEVEN,
Address: 5740 S.W. 130 TERRACE
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete
Name: AMBLER, SCOTT K
Address: 6430 SW 126TH ST RD
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT K AMBLER ST 01/06/2003

Electronic Signature of Signing Officer or Director — Date