2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TY

FILED Jul 20, 2000 8:00 am Secretary of State DOCUMENT # P99000017845 1. Entity Name AMCO INSURANCE AGENCIES OF FLORIDA. INC. 07-20-2000 90012 037 ***550.00 Principal Place of Business Mailing Address 4141 S.W. FREEWAY, STE.600 4141 S.W. FREEWAY, STE.600 HOUSTON TX 77027 HOUSTON TX 77027-7313 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0909 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. TALLAHASSEE FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW ILL FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10.-Election Campaign Financing= \$5:00 May-Be After MAY 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. 004 (9699) Addition ☐ Change TITLE ☐ Defete TITLE Peerbhai, Renmatof. NAME NAME 901 Sugareneer Blud STREET ADDRESS STREET ADDRESS Sugarland, TR 17477 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE KAJANI, JAMAL 4314 Tariton way NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Sugarland, TX 77478 ☐ Addition ☐ Change TITLE Delete TITLE Brill, Donald NAME NAME. 3415 Candlewisp STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Addition Delete ☐ Change TITLE Salim, Imkan NAME NAME 12318 FORMLADON Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP stafford TX 77477 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME Sullivan, John NAME STREET ADDRESS 318 5th St. STREET ADDRESS CITY-ST-ZIP Tx 77471 CITY-ST-ZIP Addition Change mre Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eypowered 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 addr

7-10-00