2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # V15786 1. Entity Name ATLAS GENERAL AGENCY OF THE SOUTHEAST, INC. 02-01-2000 90018 027 ***150.00 Mailing Address Principal Place of Business 500 W CYPRESS CREEK RD 500 W CYPRESS CREEK RD STE 450 STE 450 FT. LAUD FL 33309-6159 FT LAUD FL 33309 US 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 65-0316378 Not Appear \$8.75 Additional Country 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 Name TARRENCE, DONALD J Street Address (P.O. Box Number is Not Acceptable) 2415 NW 31ST STREET **BOCA RATON FL 33431** 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. -FILE:NOW!!! FEE IS-\$150.00 -- -_ 9.-This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. **PSTD** TITI F ☐ Additio ☐ Delete TITLE TARRENCE, DONALD J NAME STREET ADDRESS STREET ADDRESS 2415 NW 31ST STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITLE TITLE TARRENCE, DONALD J NAME NAME 2415 NW 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Additio ☐ Delete TITLE TITLE TARRENCE, BRENDA S. NAME NAME 2415 NW 31ST ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additio ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Additio ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR