

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000090034

**Entity Name:** UNIVERSITY INSURANCE GROUP INC.

**Current Principal Place of Business:**

7320 GRIFFIN RD, STE 103  
DAVIE, FL 33314

**Current Mailing Address:**

7320 GRIFFIN RD, STE 103  
DAVIE, FL 33314 US

**FEI Number:** 26-3481234

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCOTT, CYNTHIA SPRES  
7320 GRIFFIN RD, STE 103  
DAVIE, FL 33314 US

*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

**Officer/Director Detail :**

Title P  
Name SCOTT, CYNTHIA S  
Address 7320 GRIFFIN RD, STE 103  
City-State-Zip: DAVIE FL 33314

*I hereby 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 all other like empowered.*

**SIGNATURE:** CYNTHIA SCOTT

**PRESIDENT**

**04/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date