

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90415 009 ***150.00

DOCUMENT # 333830

1. Entity Name
MOBILE AMERICA INSURANCE GROUP, INC.



Principal Place of Business
P O BOX 17127
JACKSONVILLE FL 32245-7172

Mailing Address
P O BOX 17127
JACKSONVILLE FL 32245-7172



2. Principal Place of Business

200 Executive Way

3. Mailing Address

Suite, Apt. #, etc.

Suite 210

City & State

Ponte Vedra Beach, FL

City & State

Zip

32082

Country

St. Johns

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1218934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORTMAN, J. JOHN
1200 RIVERPLACE BLVD.
STE. 902
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Wortman, J. John
Street Address (P.O. Box Number is Not Acceptable)
200 Executive Way
Suite 210
City
Ponte Vedra Beach, FL Zip Code
32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. John Wortman*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WORTMAN, J. JOHN**
CITY-ST-ZIP **1200 RIVERPLACE BLVD., STE. 902**
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARRITY, J M**
CITY-ST-ZIP **10475-110 FORTUNE PARKWAY**
JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MCCORKLE, THOMAS J.**
CITY-ST-ZIP **10475-110 FORTUNE PKWY**
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **CAHOON, ARTHUR**
CITY-ST-ZIP **1200 RIVERPLACE BLVD., STE. 902**
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, LEE**
CITY-ST-ZIP **10450 SAN JOSE BLVD. 3**
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **ST**
STREET ADDRESS **BROCKELMAN, MARK**
CITY-ST-ZIP **1200 RIVERPLACE BLVD., STE. 902**
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. John Wortman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 904-285-1747

Date

Daytime Phone #

CR2E034 (10/02)