2002 UNIFORM BUSINESS REPORT (UBR)			Jul 10, 2002 8:00 am
OCUMENT #	343053	/	Secretary of State
ORSETT INSURANCE	E AGENCY, INC.		07-10-2002 90180 015 ***150.00

Principal Place of Business Mailing Address 114 W GREEN ST P.O. OX 70 C/O JOHN W. DICKERT C/O JOHN W. DICKERT PERRY FL 32347 **PERRY FL 32347** us Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1265856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICKERT, JOHN W Street Address (P.O. Box Number is Not Acceptable) 411 PLANTATION RD PERRY FL 32347 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Addition ☐ Delete Change NAME DICKERT, JOHN W NAME 411 PLANTATION RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP PERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DICKERT, GALE D NAME NAME STREET ADDRESS **411 PLANTATION RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL ☐ Delete TITLE TITLE Change ☐ Addition NAME DICKERT, GALE D NAME STREET ADDRESS 411-PLANTATION RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Attachment 343053
DOCT 1001BANCE ACENCY INC. /20086

DORSETT INSURANCE AGENCY, INC.
JOHN W. DICKERT
P.O. BOX 70
PERRY, FLORIDA 32348

PERRI, FLORIDA

July 8, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Dorsett Insurance Agency, Inc. 59-1265856

To whom it may concern:

Please find attached the 2002 Uniform Business Report as well as the initial filing fee of \$150.00. The form is executed as required and requires no modification of officers.

I respectfully request that you abate any late filing penalties based on our company's previous filing history. The substantial penalty imposed for late filing would be a severe financial hardship for this small corporation. Since existence, this corporation has always filed the annual reports timely and did not intend to miss this year's filing deadline of May 01, 2002. The package did not arrive and the owner had forgotten the deadline. Please accept the enclosed check as full payment to keep corporate status and abate any late filing penalties based on our history of timely filings.

John W. Dickert, President