2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 03, 2002 8:00 am Secretary of State DOCUMENT # 403515 1. Entity Name 05-03-2002 90054 016 ***150.00 COLE UNDERWRITERS, INC. Principal Place of Business Mailing Address 2240 PLAM BEACH LAKES BLVD P.O. BOX 3266 SUITE 400 W. PALM BEACH FL 33402-3266 W. PALM BEACH FL 33409 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1596163 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLE, JOSEPH H., JR. 2240 PALM BEACH LAKES BLVD. WEST PALM BEACH EL 33409 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 Signature, typed or no (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Change ☐ Addition COLE JR, JOSEPH H NAME NAME 2240 PALM BCH LKS BLVD STREET ADDRESS STREET ADDRESS W PALM BEACH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CALDWELL, MANLEY P. NAME NAME 324 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME SORY, J. R.JR -----NAME STREET ADDRESS 2240 PALM BCH LKS BLVD STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition ALLEN, RAYMOND W. JR. NAME NAME STREET ADDRESS 2240 PALM BEACH LAKE BLVD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete DIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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