## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 622184** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name OMEGA INSURANCE COMPANY 04-24-2000 90003 003 \*\*\*150.00 Principal Place of Business Mailing Address 645 RIVERSIDE AVE. SUITE 619 601 II RIVERSIDE AVE #619 P.O. BOX 41605 JACKSONVILLE FL 32203 JACKSONVILLE FL 32203-1605 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1906611 Not Applicable 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 Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) STATE OF FLORIDA, CAPITOL BLDG. TALLAHASSEE FL 32304 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) / 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Change ☐ Addition TITLE Delete TITLE STEIN, ROBERT L NAME NAME STREET ADDRESS 3903 ORTEGA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change ☐ Delete TITLE KYLE, WILLIAM L., JR. NAME STREET ADDRESS 4250 LAKESIDE DRIVE, 304 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP CPT ☐ Change Addition ☐ Delete WINSTON, JAMES HORNER NAME NAME STREET ADDRESS 601 II RIVERSIDE AVE #619 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP M Change ☐ Addition TITLE ☐ Defete TITLE BATEH, RENEE NAME NAME 8180 WEKIVA WAY JACKSON VILLE, FL 38256 STREET ADDRESS 6331 POTTSBURG PLANTATION STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete TITLE WINSTON, MARY B NAME NAME STREET ADDRESS 4825 ORTEGA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVLLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCRAE, WALTER A JR NAME NAME 1725 MEMORIAL PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7/P JACKSONVILLE FL 32204

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:

MALDI GEOGRAPHINED NAME OF SIGNING OFFICER OR DIRECTOR

15/2000

Daytime Phone #