2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 678172

Entity Name: MACDUFF UNDERWRITERS, INC.

FILED Feb 28, 2003 Secretary of State

Current Principal Place of Business:			New Principa	New Principal Place of Business:		
220 S. RIDGEWOOD AVE. P.O. BOX 2427 DAYTONA BEACH, FL 321159427 Current Mailing Address:			220 S. RIDGE P.O. BOX 242	220 S. RIDGEWOOD AVE. P.O. BOX 2427 DAYTONA BEACH, FL 32114 New Mailing Address:		
			New Mailing			
P. O. BOX TAMPA, F						
FEI Number	: 59-2022132	FEI Number Applied For()	FEI Number Not Applical	ble () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and Ad	ddress of New Registered Agent:		
401 E. JAC STE 1700 TAMPA, F	6, LAUREL L. CKSON ST. L 33602 US named entity e of Florida.	submits this statement for the po	urpose of changing its r	registered office or registered agent, or both,		
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
	mpaign Financin S AND DIREC	g Trust Fund Contribution().	ADDITIONS/0	CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GRAMMIG, LA	ON ST. STE 1700	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BROWN, J. HY 220 S. RIDGEY) Delete /ATT /VOOD AVENUE ICH, FL 32114	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WALKER, COI 220 S. RIDGE) Delete RY T MOOD AVENUE NCH, FL 32114	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P (SANDERS, BR 220 S RIDGEV DAYTONA BEA	YAN	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	RILEY, THOMA 5900 N. ANDR) Delete AS EWS AVE., STE. 620 ALE, FL 33309	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DONEGAN, JR	ON ST., STE. 1700	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG VPS 02/28/2003