2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#714273

FILED Jun 19, 2002 8:00 AM Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
P.O. BOX VERO BE.	785 ACH, FL 32961	10785 US		
Current M	lailing Addres	s:	New Mailing Address	5:
P.O. BOX VERO BE	785 ACH, FL 3296 [,]	10785 US		
FEI Number	: 23-7421534	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
979 BEAC	Y,BYRON T. HLAND BLVD.			
VERO BE.	ACH, FL 32963	3 US		
The above	•		ourpose of changing its registered	d office or registered agent, or both,
The above in the Stat	e named entity se e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
The above in the Stat	e named entity see of Florida.			d office or registered agent, or both, Date
The above in the Stat SIGNATU	e named entity see of Florida.	submits this statement for the particles in the particle in the particles in the particle in the particles in the particle in the particles in the particles in the particle in the part	ent	
The above in the Stat SIGNATU	e named entity see of Florida. RE: Electron S AND DIREC	ic Signature of Registered Agr TORS: Delete	ent	Date
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity se of Florida. RE: Electron S AND DIREC ST () THOMPSON, AI 2046 14TH AVE VERO BEACH,	ic Signature of Registered Agr TORS: Delete MY, EL 32960 Delete HERYL	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY THOMPSON SEC 06/19/2002