FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90058 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000963

1. Entity Name

First Indemnity Insurance Services

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2202 NW Shore Boulevard	339 Northern Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.:
City & State: Tampa, FL	City & State: Boston, MA
Zip: 33607 Country: USA	Zip: 02210 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 043480902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Timothy Diehl

Street Address (P.O. Box Number is Not Acceptable): 604 South Melville Avenue #3

City: Tampa FL Zip Code: 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	John M. Biggio
STREET ADDRESS	126 Main Street
CITY-ST-ZIP	Winthrop, MA 02152
TITLE	TD
NAME	Marie A. Biggio Randolph
STREET ADDRESS	21 Holland Road
CITY-ST-ZIP	Melrose, MA 02176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John M Biggio President 6/17/03 617-951-9395 ext 18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #