2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90165 018 ***150.00

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DOCUMENT # G06573

1. Entity Name
AMERICAN INSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
125 S. SWOOPE AVENUE SUITE 203 MAITLAND FL 32751	P.O. BOX 948114 MAITLAND FL 32794-8114

2. Principal Place of Business	3. Mailing Address
1093 CLUBHOUSE BLVD	1093 CLUBHOUSE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA BEACH	City & State: NEW SMYRNA BEACH
Zip: 32168 Country: VOLUSIA	Zip: 32168 Country: VOLUSIA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3349750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGHES, F.I. ~~125 S. SWOOPE AVENUE~~ ~~SUITE 203~~ ~~MAITLAND FL 32751~~	Name: F.I. HUGHES Street Address (P.O. Box Number is Not Acceptable): 1093 CLUBHOUSE BLVD City: NEW SMYRNA BEACH FL Zip Code: 32168

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 _____ 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUGHES, F.I. 542 PARK STREET WEST ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALLAHAN, KEITH 2685 QUEEN MARY PLACE MAITLAND FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPOON, TERRI 5870 SHALE COURT WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED F.I. HUGHES 4/15/03 407/7183964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #