2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

G21702 DOCUMENT

1. Entity Name

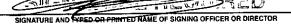
AUBREY ROGERS INSURANCE AGENCY, INC.

Principal Place of Business 2400 NORTHWEST 6TH STREET GAINESVILLE FL 32609 US			2400 1	Mailing Address 2400 NORTHWEST 6TH STREET GAINESVILLE FL 32609 US								
2. Principal Pl	lace of Busin	ness	3. Maili	3. Mailing Address				1 (100)(1) 50(2)(10) (10) (10) (10) (10) (10) (10) (10				
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				FEI Number 59-2253611			plied For t Applicable	
Zip Country			Zip	Zip Cou			5. (8.75 Additional ee Required	
<u> </u>	6. Name	and Address of Curre	nt Registere				7. 1	7. Name and Address of New Registered Agent				
PAGERS	AUBREY J			-			Name					
2400 N.W				Stre			reet Address (P.O. Box Number is Not Acceptable)					
GAINESVI	50 9											
					-	City			FL	Zip Cod	e	
	named entil		t for the purpo	ose of changing its	registere	d office or regi	istered ag	ent, or both, in the State of Flo	rida. I am far	miliar with,	and accept	
SIGNATURE	_							and disc)	DATE			
***	Signature, typed	or printed name of registered ag	ent and title if appl	licable. (NOT	E: Registered	Agent signature rec	quirea when r	einsta(ing)	DATE			
Afte	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department						Election Campaign Fin Trust Fund Contribution			0 May Be I to Fees	
10.	- ayabic t	OFFICERS AN					A[DOITIONS/CHANGES TO OFF	CERS AND (DIRECTOR	S IN 11	
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NAME .	ROGERS	, AUBREY, JR			NAME	l.						
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CITY-ST-ZIP	NEWBERRY FL 32669			Delete						Change	Addition	
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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-7IP



1/6/03 Date

FILED

Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90129 015 ***150.00