## 2004 FOR PROFIT CORPORATION

## Apr 06, 2004 08:00 AM Secretary of State --- ANNUAL REPORT DOCUMENT # G92526 UNIVERSAL LIFE INSURANCE AGENCY, INC. Principal Place of Business Mailing Address **5011 GATE PARKWAY** 5011 GATE PARKWAY SUITE 150 SUITE 150 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2389981 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETWAY, THOMAS F. 5011 GATE PARKWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 150 JACKSONVILLE, FL 32256 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 13 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete MLE Change ☐ Addition PETWAY, THOMAS F., III NAME NAME U00000104438 04/06/04-80010-020 150.00 STREET ADDRESS 5011 GATE PARKWAY SUITE 150 STRELT ADDRESS CUTY-ST-ZIP JACKSONVILLE, FL 32256 CITY+SI-ZIP TITLE Delete ากเร ☐ Change ☐ Addition PETWAY, ELIZABETH P. MALK NAME STREET ADDRESS 5011 GATE PARKWAY SUITE 150 STREET ADDRESS CRTY - ST - ZIP JACKSONVILLE, FL 32256 CRY-ST-7IP TITLE Delete TITLE Change Addition PETWAY, THOMAS F IV NAME MANIE 5011 GATE PARKWAY STE 150 STREET ADDRESS STREET ADDRESS CETY - ST - ZEP JACKSONVILLE, FL 32256 City- St- 219 ☐ Delete TRLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-23P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME PARAGE STREET ADDRESS STREET ADDRESS CATY-ST-ZEP City-51-7(P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 empowared 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 three empowered.

OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

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