SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # H00293** Apr 12, 2000 8:00 am 1. Entity Name **Secretary of State** GELLERMANN INSURANCE AGENCY, INC. 04-12-2000 90041 028 ***150.00 Mailing Address Principal Place of Business 401 W. LANTANA RD. 401 W. LANTANA RD. SUITE 7 SUITE 7 LANTANA FL 33462-1725 LANTANA FL 33462 3. Mailing Address 2. Principal Place of Business ANTANA ROAD ANTANA ROAD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2420739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GELLERMAN, MARK, V **506 WEST LANTANA ROAD** LANTANA FL 33462 City pose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits thi SIGNATURE . FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE GELLERMANN, MARGRIT NAME NAME STREET ADDRESS 1073 LAKE CLARKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33406 Addition Delete TITLE TITLE GELLERMANN, MARK V. NAME NAME STREET ADDRESS 1916 YELLOW BRICK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P LANTANA FL 33462 ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with a

11-PRESIDENT