2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# H15939

Entity Name: JOHN T. FERREIRA INSURANCE, INC.

Current Principal Place of Business:

500 CENTRE STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

500 CENTRE STREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-2410863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEN, M.C. III
806 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FERREIRA, ROBERT S
Address: 500 CENTRE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DC ( ) Delete
Name: HARDEN, M C III
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: DVT ( ) Delete
Name: LUNETTA, PAUL J
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete
Name: FLYNN, MARY E
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: V ( ) Delete
Name: JONES, MARTHA A
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E. FLYNN S 04/28/2003

Electronic Signature of Signing Officer or Director — Date