

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H24806

FILED  
Jan 08, 2003  
Secretary of State

Entity Name: SHAPIRO INSURANCE, INC.

## Current Principal Place of Business:

1408 N PIEDMONT WAY  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

## Current Mailing Address:

1408 N PIEDMONT WAY  
STE 100  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

FEI Number: 59-2420037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLDER, J. DAVID  
1408 NORTH PIEDMONT WAY  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

HOLDER, J. DAVID  
1408 NORTH PIEDMONT WAY  
TALLAHASSEE, FL 32308 US

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

01/08/2003

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHAPIRO, HOWARD,  
Address: 1408 N PIEDMONT WAY, 100  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: SHAPIRO, SUSAN,  
Address: 1408 N. PIEDMONT WAY,100  
City-St-Zip: TALLAHASSEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHAPIRO, HOWARD,  
Address: 1408 N PIEDMONT WAY, 100  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change ( ) Addition  
Name: SHAPIRO, SUSAN,  
Address: 1408 N. PIEDMONT WAY,100  
City-St-Zip: TALLAHASSEE, FL 32308

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: SUSAN SHAPIRO

Electronic Signature of Signing Officer or Director

VP

01/08/2003

Date