## 2007 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 23, 2001 8:00 am Secretary of State **DOCUMENT # H89293** 1. Entity Name 05-23-2001 91174 022 \*\*\*150.00 INSURANCE ADVISORY GROUP, INCORPORATED Principal Place of Business Mailing Address A0071279 1111 N WESTSHORE BLVD 1111 N WESTSHORE BLVD SUITE 208 SUITE 208 TAMPA FL 33607 TAMPA FL 33607-4711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2701320 Not Applicable $Z_{1D}$ 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 SWAN, LAWTON, III Street Address (P.O. Box Number is Not Acceptable) 1111 N. WESTSHORE BLVD. SUITE 208 TAMPA FL 33607-1711 City Zip Code FL 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. Signature, typed or printed name of registered agent and little if applicable (NOTE 1 egistered Agent signature required when ministribual FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) DILLE ☐ Delete TITLE Change []] Addition SWAN, LAWTON, III MAME NAME. 1111 N. WESTSHORE BLVD. STREET ADDRESS STREET ADDRESS CHY-ST ZIP TAMPA FL CHY SI- AP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP COY SI-ZIP ☐ Defete HILL Change [] Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delcte 10114 Change Addition NAME STREET ADDRESS STALET ADDRESS CITY - ST - ZIP CITY-ST-ZIE ☐ Defete ☐ Change [ ] Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1 ZIP CITY-ST-ZIP 13. Thereby 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 supplied and security and accordate and that this innature shall not be said to secure the receiver of the corporation or the receiver of the property in Block 11 or Block 12 of changed, or on an attachment with an address, with all other like empowered.

FILED

Attachment 489293 Awrang Insurance advisory group, inc.

Consultants

Risk Management Employee Benefits 1111 North Westshore Boulevard
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Tampa, FL 33607-4711
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May 1, 2001

Katherine Harris
Secretary of State
Division of Corporations
Uniform Business Report Filing
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Annual Report for Insurance Advisory Group, Inc. (H89293)

Enclosed is our check and registration form for this year. After a thorough search of our office records, it appears that we did not receive the standard form for the filing this year.

We are enclosing an updated form from last year's filing and have re-signed it with the current date. We respectfully request that the report be accepted to comply with the time requirement for this year's filing and will be most happy to complete an original form if you wish. Please provide us with a form if you require one completed for this year.

We apologize for the confusion.

Cordially,

INSURANCE ADVISORY GROUP

Lawton Swan, III

President

Enc: check no. 4383