2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90033 033 ***150.00

DOCUMENT # K32971

1. Entity Name

MOBILE USA INSURANCE COMPANY

Principal Place of Business	Mailing Address
7785 66TH STREET NORTH P. O. BOX 8080 PINELLAS PARK FL 33780-8080	7785 66TH STREET NORTH P. O. BOX 8080 PINELLAS PARK FL 33780-8080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0091741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACKLIDGE, RAYMOND M. G 7785 66TH STREET NORTH PINELLAS PARK FL 33781	Name: Eldridge, P. Daniel Street Address (P.O. Box Number is Not Acceptable): 7785 66th Street N. City: Pinellas Park, FL Zip Code: 33781-3113

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 P. Daniel Eldridge DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MEYER, T. B 506 BROOKTREE CT LUTZ FL 33548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T/V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MAGUIRE, JAMES J JR 215 DRESHERTOWN ROAD FORT WASHINGTON PA 19034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SADLER, CHARLES B. 11722 WALKER AVE SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSV BLACKLIDGE, RAYMOND M 28810 FALLING LEAVES WAY WESLEY CHAPEL FL 33543-5761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELDRIDGE, P D 10481 CROMWELL GROVE TERRACE ORLANDO FL 32827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1540 Gulf Blvd., #202 Clearwater, FL 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KELLER, CRAIG 29 WOODCROFT ROAD HAVERTOWN PA 19083	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V/S	☒ Change ☐ Addition

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 title like empowered.

SIGNATURE: P. Daniel Eldridge 4/17/01 121-546-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)