1/30
1

FILED
Apr 21, 2002 8:00 am
Secretary of State

01-30-2002 90097 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46178

1. Entity Name
HESLIN INSURANCE, INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3131 NW 13TH STREET SUITE 31 GAINESVILLE FL 32609 US	3131 NW 13TH STREET SUITE 31 GAINESVILLE FL 32609 US
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 59-2919512 — 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
HESLIN, LYNDA D. 3131 NW 13TH STREET SUITE 31 GAINESVILLE FL 32609	Name: Terrell Brown — Terell Brown Street Address (P.O. Box Number is Not Acceptable): 3131 NW 13th St — 2/18/02 City: Gainesville FL Zip Code 32609

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: Lynda Heslin / Terell Brown 1-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	P HESLIN, LYNDA D. HIGHWAY 441 BOX 1449 ALACHUA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Terrell Brown 1302 NW 170 St Newberry Fl 32669 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOERING, WILLIAM H HIGHWAY 441, BOX 1449 ALACHUA FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Terell Brown 2/18/02 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(Designation Acceptance) TWB ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 all other like empowered.

SIGNATURE: Lynda Heslin REQUIRED / Terell Brown 2-02 352 371-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #