2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **K96686** CAROL LARSEN INSURANCE AGENCY INC. 05-01-2000 90485 005 ***150.00 Principal Place of Business Mailing Address 1973 S. MILITARY TRAIL 1973 S. MILITARY TRAIL WEST PALM BEACH FL 33415-6405 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0678811 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LARSON, CAROL J. Street Address (P.O. Box Number is Not Acceptable) 1973 S. MILITARY TRAIL WEST PALM BEACH FL 33415 Zip Code FL 8. The above named entity pubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of redistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE LARSEN, CAROL J NAME STREET ADDRESS STREET ADDRESS 1973 S. MILITARY TRAIL CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE BRODIE, SANDY NAME NAME STREET ADDRESS 1973 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33415 Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J 501-967-3700