2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001889

1. Entity Name
C.A. HOBIN INSURANCE, LTD. CO.

FILED ⁿ/ᵂ 2/21

01 FEB 21 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 4475 US 1 SOUTH SUITE 501 ST. AUGUSTINE FL 32084	Mailing Address 4475 US 1 SOUTH SUITE 501 ST. AUGUSTINE FL 32084

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59 - 364 2011

Zip 32086-	Country	Zip 32086	Country

4. FEI Number 59 - 364 2011   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOBIN, COLLEEN 15 BRIDGE ST., #4 ST. AUGUSTINE FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEMBERS		10.		ADDITIONS/CHANGES	
TITLE	mEmbER	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	COLLEEN HOBIN		NAME			
STREET ADDRESS	4475 US 1 SOUTH, STE 501		STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	20000378250— ☐Change ☐ Addition		
NAME			NAME	-02/27/01--01071--021		
STREET ADDRESS			STREET ADDRESS	*****50.00 *****50.00		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   1-10-001   904-797-2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #