

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

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03 MAY 27 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028965

1. Entity Name
SITE INSURANCE BROKERS, LLC

Principal Place of Business
300 FIRST AVENUE SOUTH, FIFTH FLOOR
ST. PETERSBURG, FL 33701

Mailing Address
300 FIRST AVENUE SOUTH, FIFTH FLOOR
ST. PETERSBURG, FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1301

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg, FL

Zip

Country

Zip

Country

4. FEI Number

27-0042451

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

JACOBSON, RICHARD A
601 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, number printed name of applicant agent and fee if applicable.

(NOTE: Registered Agent Signature Required when changing)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MEM
SITE USA, INC.
300 First Ave. South, Fifth Floor
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MEM
Wallace Welch & Willingham, Inc.
300 First Ave. South, Fifth Floor
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Richard A. Jacobson, Auth. Rep.

3/31/03

813/222-1159

SIGNATURE AND TYPED OR PRINTED NAME OF EXORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Display Phone #

CR0303 (1/02)