2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 22, 2000 8:00 am Secretary of State DOCUMENT # L32154 TOM MICKLER INSURANCE, INC. 04-22-2000 90047 013 ***150.00 Mailing Address Principal Place of Business 300 SOUTH PONCE DE LEON BLVD. 300 SOUTH PONCE DE LEON BLVD. ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2979291 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UPCHURCH, TRACY W Street Address (P.O. Box Number is Not Acceptable) 780 NORTH PONCE DE LEON BLVD. ST AUGUSTINE FL 32084 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be

Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		I	Trust Fund Contribution.		Added to Fees		
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF FIGER OR DIRECTO

4/17/W

7048248645

Daytime Phone #