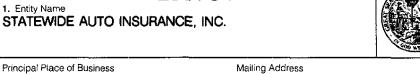
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

L59754

STATEWIDE AUTO INSURANCE, INC.



**FILED** Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90160 034 \*\*\*150.00

						GOO WE TO						
Principal Place of Business 2230 SE FEDERAL HWY STUART FL 34994			Mailing Address 2230 SE FEDERAL HWY STUART FL 34994									
2. Principal P	Place of Busine	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e .	City & State				1	4. FEI Number 65-0192615 Applied For Not Applicable					
Zip Country			Zip Cou			try	5. Certificate of Status Desir			\$9.75 Additional		
6. Name and Address of Current Registered Agent							<u> </u>	7. Na	ime and Address of New F	egistered	Agent	
			· · · · · · · · · · · · · · · · · · ·	<del>g-</del>		Name						
	P BEEGLE I				Street Address (P.O. Box Number is Not Acceptable)							
2230 SE FEDERAL HWY STUART FL 34994												
			City						FL	Zip Cod	e	
	named entity tions of registe		r the purpo	ose of changing its	registere	ed office or regis	stered	ager	nt, or both, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed o	or printed name of registered agent	and title if appl	icable. (NOT	E: Registere	d Agent signature requ	quired who	en rein	stating)	DATE		<u> </u>
ÿAfter	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State			AH			Election Campaign Fir Trust Fund Contribution			May Be
10.		OFFICERS AND	DIRECTOR		11.	<del></del> ,		ADD	ITIONS/CHANGES TO OFF	ICERS ANI	D DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	DP BEEGLE, T 1344 NW S STUART FI	HOMAS P. SPRUCE RIDGE DR	<u> </u>	☐ Delete	TITLE NAMI STRE					, <u>o</u> _,,o,,	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP				Delete .		1					☐ Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: