2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L61805

FILED Sep 01, 2003 Secretary of State

Entity Name: J.F.M. INSURANCE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
P O BOX 6566 HOLLYWOOD, FL 33081 US	
Current Mailing Address:	New Mailing Address:
P O BOX 6566 HOLLYWOOD, FL 33081 US	
FEI Number: 65-0182290 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
MILRAD, JEFFREY 5240 NORTH HILLS DRIVE HOLLYWOOD, FL 33021	
The above named entity submits this statement for th in the State of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered A	Agent Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PD () Delete Name: MILRAD, JEFFREY, Address: 5240 N. HILLS DR. City-St-Zip: HOLLYWOOD, FL	Title: PD (X) Change () Addition Name: MILRAD, JEFFREY, Address: 5240 N. HILLS DR. City-St-Zip: HOLLYWOOD, FL 33021

HOLLYWOOD, FL City-St-Zip: HOLLYWOOD, FL 33021

> Title: () Change () Addition

() Delete MILRAD, FRADELLE, Name: Name: Address: 5240 N. HILLS DR. Address: HOLLYWOOD, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY MILRAD **PRES** 09/01/2003