FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90009 025 ***150.00

DOCUMENT # L90910

1. Entity Name: A-1 AFFORDABLE INSURANCE AGENCY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6409 BLANDING Blvd		6409 BLANDING Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville FL		City & State: Jacksonville, FL	
Zip: 32244	Country: US Duval	Zip: 32244	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3015916 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHARIES CROUSE

Street Address (P.O. Box Number is Not Acceptable): 1324 HAIFMOON TRAIL

City: Jacksonville FL Zip Code: 32258

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] Pres CHARLES CROUSE — 4-30-02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHarles CROUSE Pres. 1324 HAIFMOON TRAIL Jax, FL 32258
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres 4-30-02 CHARIES CROUSE 904-771-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date