2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBEY, MANAGER, OR AUTHORIZED REPRESENTATIVE

	MENT # LOOS	20000000			<u>'</u>	FILE	rī)		
DOCUMENT # L9900005555						FILED			
POWER2INSURE, LLC						OIMAY-7 P	M 3: 08		
						ECRETARY OF	FSTATE		
Principal Place of Business Mailing Address				ECRETARY OF STATE				,	
1608 TOWN CENTER BLVD STE B WESTON FL 33326 1608 TOWN CENTER BLVD STE B WESTON FL 33326						·		-	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		-	4. FEI N	65-0945197	 	pplied For ot Applicable	
Zip	Country	Zip	Country	У		ficate of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Name	e and Address of New Registe	ered Agent		
HATIC, H		700	-	Street Address (P.O. Box Number is Not Acceptable)					
100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309									
,		ŧ		City			FL Zip Cod	е	
8. The above	named entity submits this statement for	r the purpose of changing its	registered	office or req	gistered agent, c	or both, in the State of Florida.			
SIGNATURE .	Clearly a broad or minded agree of registered agent.	AINT	- 5 :			·			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag				gent signature re	equired when reinstating	9) [DATE		
FILE NOW!!! FEE IS \$ Make Check Payable to Depart						ſ			
9.	MANAGING MEMBE	RS/MEMBERS 10.				ADDITIONS/CHANGES			
TITLE NAME	MGR CLAWSON, PATRICK D						☐ Change	Addition	
STREET ADDRESS City-St-ZIP	1608 TOWN CENTER BLVD., STE WESTON FL	∃ B	STREET O	ADDRESS T-ZIP					
TITLE NAME		□ Delete	TITLE NAME			,	☐ Change	Addition	
STREET ADDRESS	. STF		STREET	ADDRESS		80000043	42218	9	
CITY-ST-ZIP		Delete	CITY-ST	í-ZIP		8000043- -06/05/0 *******	101085 -01	-018 -5 8 -00-1	
NAME			NAME		-	e e e e e e e e e e e e e e e e e e e	- Co Li Tonango	ויטמונטטיל (בייַר	
STREET ADDRESS City-St-Zip	· i		STREET A	ADDRESS T-ZIP					
TITLE NAME		□ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET A	ADDRESS					
TITLE		□ Delete	CITY-ST TITLE	-ZIP			Change	T Addition	
NAME		TT Delete	NAME			•	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET A	ŀ					
TITLE		□] Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS			NAME Street a	ADDRESS					
CITY-ST-ZIP			CITY-ST-	-ZIP	<u>,</u>				
1% I hereby or indicated of the limited that	ertify that the information supplied with toon this report is true and accurate and the	his filing does not qualify for hat my signature shall have t	the exemp the same le	ition stated in gal effect as	in Section 119.0 s if made under	7(3)(i), Florida Statutes. I furthe oath; that I am a managing m	er certify that the in	formation r of the	

(954) 389-6223 Daytime Phone #