

2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90098 001 \*\*\*\*\*8.75  
05-07-2002 90098 002 \*\*\*150.00

DOCUMENT # *M61198*  
1. Entity Name  
*Security Associates Insurance Agency, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>703 Giddings Avenue</i> Suite, Apt. #, etc. <i>Suite 4-6</i> City & State <i>Annapolis, Maryland</i>		3. Mailing Address <i>P.O. Box 28347</i> Suite, Apt. #, etc.  City & State <i>Parkville, Maryland</i>	
Zip <i>21401</i>	Country <i>USA</i>	Zip <i>21234</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0029834</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: *William H. Young III*  
Street Address (P.O. Box Number is Not Acceptable)  
*155 Isle of Venice Drive #604*  
City: *Ft. Lauderdale* FL Zip Code *33301*

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, 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	<i>William F. Jones</i> <i>703 Giddings Avenue 4-6</i> <i>Annapolis, Maryland 21401</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Jones VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 22, 2002*  
Date

Daytime Phone #

CR2E034B (12/01)