2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000002355**

1. Entity Name
ARK INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
1228 SPRING LAKE DRIVE	1228 SPRING LAKE DRIVE
ORLANDO FL	ORLANDO FL
32804	32804

2. Principal Place of Business	3. Mailing Address
600 N THACKER AVE	P O BOX 540673
Suite, Apt. #, etc. SUITE D-45	Suite, Apt. #, etc.
City & State KISSIMMEE FL	City & State ORLANDO FL
Zip 34741 Country	Zip 32854 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3618898** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REVELS DALE E
1228 SPRING LAKE DRIVE
ORLANDO FL
32804

7. Name and Address of New Registered Agent

Name
REVELS DALE E
Street Address (P.O. Box Number is Not Acceptable)
P O BOX 540673
City
ORLANDO **FL** Zip Code 32854

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 **DALE E REVELS** 09/20/2001
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) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REVELS IRENE E	NAME	
STREET ADDRESS	1228 SPRING LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REVELS DALE E	NAME	
STREET ADDRESS	1228 SPRING LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: dale e revels d 09/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #