2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P0000022081 1. Entity Name INSURX, INC. 03-02-2001 90085 034 ***150.00 Principal Place of Business Mailing Address 1201 LAKE PIEDMONT CIRCLE 1201 LAKE PIEDMONT CIRCLE APOPKA FL 32703 APOPKA FL 32703 PRODUCTE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #. etc 4. FEI Number 3633200 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AFCAK CHOWDHURY SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1201 CAKE (IE) MONT 343 ALMERIA AVENUE CRCLE CORAL GABLES FL 33134 G Zip Code **プロス**クス PARALA ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above ミーベワーロー SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition CHOWDHURY, AFLAK NAME NAME 1201 LAKE PIEDMONT CIRCLE STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP APOPKA FL 32703 CITY-S1-ZIP Change Addition TITLE □ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-\$T-ZIP TITLE ☐ Delete TIELE 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-7IP TITLE ☐ Delete TITS F Chacge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 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 tue 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 of 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 attack other like empowered. an address, 10-17-01 407-884-1355