

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90214 004 \*\*\*150.00

**DOCUMENT # P0000041157**

1. Entity Name  
**ADRIAN GARRICK INSURANCE GROUP, INC.**

Principal Place of Business  
~~4704 EAST MICHIGAN CT.~~ **3206 S. CONWAY RD Ste. 4**  
 ORLANDO FL 32812

Mailing Address  
~~4704 EAST MICHIGAN CT.~~ **3206 S. CONWAY RD Ste. 4**  
 ORLANDO FL 32812



2. Principal Place of Business  
**3206 S. CONWAY RD**

3. Mailing Address  
**3206 S. CONWAY RD**

Suite, Apt. #, etc.  
**Suite 4**

Suite, Apt. #, etc.  
**Suite 4**

City & State  
**ORLANDO, FL.**

City & State  
**ORLANDO, FL.**

4. FEI Number **59-3637020**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **32812** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRICK, ADRIAN**  
~~4704 EAST MICHIGAN CT.~~ **3206 S. CONWAY RD Ste 4**  
 ORLANDO FL 32812

Name **GARRICK, ADRIAN**

Street Address (P.O. Box Number is Not Acceptable)  
**3206 S. CONWAY RD.**

**Suite 4**

City **ORLANDO** FL Zip Code **32812**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARRICK, ADRIAN 4704 EAST MICHIGAN ST. ORLANDO FL 32812</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GARRICK, JOHANNA E 4704 EAST MICHIGAN ST. ORLANDO FL 32812</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4/15/02** **(407) 765-2795**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)