2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State DOCUMENT # **P0000041950** INSULAR GROUP OF COMPANIES, INC. 05-05-2001 91104 040 ***150.00 Principal Place of Business Mailing Address 2308 LONGMOORE COURT 2308 LONGMOORE COURT ORLANDO FL 32835 ORLANDO FL 32835 2. Principa! Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3576732-162/62 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIM. TERESITA F Street Address (P.O. Box Number is Not Acceptable) 2308 LONGMOORE COURT ORLANDO FL 32835 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NO1E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Centribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Change Addition TITLE THES LIM. TERESITA F NAME NAME STREET ADDRESS STREET ADDRESS. 2308 LONGMOORE COURT CITY-ST-ZIP C:TY -ST-Z:P ORLANDO FL 32835 ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY -ST-ZIP TITLE Delete TiTiJE ☐ Change Addition NAME NAME STREET ADDRESS STREET AGDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREE' ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP ☐ Delete TITLE ☐ Change Acdition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition Delete DIFF TITLE NAME NAMÉ STREET ACCRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR