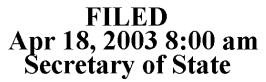
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Name CHEPOTE INSURANCE, INC.						04-18-2003 90203 006 ***150.00					
1300 MAIN STREET			Mailing Address 1300 MAIN STREET SARASOTA FL 34236			‡ 101 1	IRE: (ii 88)((52)() 1	: 1 111 - Ce 112 - F		AIBIL A SIAA NIJIL	a (a ir) air) (44)
2. Principal Pl	lace of Business	3. Mai	ing Address								
					,						
Suite, Apt. #, etc. Suite, Apt. #, etc.							HERE IF	MAKINO	G CHANGE		
City & State			City & State			4. FEI Num	NOT APPLICABLE				Applied For Not Applicable
Zip	Country	Zip		Country	J = 44.	~5. :Certifica	te of Status Des	sired -		\$8.75 A	dditional red
	6. Name and Address of Curre	nt Registere	d Agent			7. Name a	nd Address of	New Reg	istered	Agent	
" OUEDOTE	AAAABIEL D			Name	_						
© CHEPOTE, MANUEL R → 1300 MAIN STREET				Street A	ddress (F	P.O. Box Num	ber is Not Acce	ptable)			
SARASOTA FL 34236											
				City					FL	Zip Co	de
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its r	registered office or	registere	ed agent, or b	ooth, in the State	e of Florio	da. Lam	familiar with	n, and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE:	: Registered Agent signate	ure required	when reinstating)			DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department						Election Campa Trust Fund Cont	-		\$5. □ Add	00 May Be ed to Fees
10.	OFFICERS AN	ID DIRECTO		11.		ADDITION	S/CHANGES T	O OFFIC	ERS AN		
NAME _	PSTD CHEPOTE, MANUEL R 1300 MAIN STREET SARASOTA FL 34236		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESSCITY-ST-ZIP		ಶಾಳಯಿಕೆ ತೇ. ಇರು.	and the second second	u s e e e sse		Change	Addition -
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied w		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	241-0	ation 110 07/	2)(i) Elected Co.	tutor 15	urtho: 57	Change	

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 trastee empowered my execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the flike empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

Daytime Phone #