5455 JAEGER RD.

NAPLES FL 34109

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

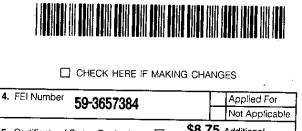
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P00000063783 **DOCUMENT #** 1. Entity Name RICK LOUX INSURANCE, INC. Principal Place of Business Mailing Address 5455 JAEGER RD.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90120 032 ***150.00

COLCUAN



DATE

S Name and Address 40	5. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
LOUX, RICK 5455 JAEGER RD. NAPLES FL 34109	Street Address (P.O. Box Number is Not Acceptable)		
	City		

(NOTE: Registered Agent signature required when reinstating)

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

NAPLES FL 34109

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

\$5.00 May Be Added to Fees

10.	['] OFI	FICERS AND DIRECTORS	11.	ADDITIONS (CHANGES TO OFFICERS AND F		
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12. 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 accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director chanced, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)