2004 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED May 11, 2004 8:00 am Secretary of State

DOCUMENT # P00000064008 05-11-2004 90075 038 ***150.00 UNITED AUTOMOBILE INSURANCE GROUP, INC. Principal Place of Business Mailing Address 3909 NE 163RD ST, STE 304 3909 NE 163RD ST, STE 304 24074313 N MIAMI BEACH, FL 33160 N MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEi Number 65-1037280 Not Applicable Zip Country Zip Country \$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 GRIMSLEY, CHARLES J ESQ. Street Address (P.O. Box Number is Not Acceptable) 3909 NE 163RD ST, STE 304 NORTH MIAMI BEACH, FL 33160 City Zio Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ☐ Defete TITLE TITLE PARRILLO, RICHARD P SR NAME NAME STREET ADDRESS 3909 NE 163RD ST, STE 304 STREET ADDRESS N MIAMI BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PARRILLO, RICHARD P JR NAME STREET ADDRESS 3909 NE 163RD ST, STE 304 STREET ADDRESS N MIAMI BEACH, FL 33160 CITY-ST-ZIP CDY-ST-ZIP ☐ Delete THLE Addition TITLE PARRILLO, MICHAEL R NAME NAME STREET ADDRESS 3909 NE 163RD ST. STE 304 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33160 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition IIILE PARRILLO, BEAU W NAME NAME 3909 NE 163RD ST, STE 304 STREET ADDRESS STREET ADDRESS N MIAMI BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE MCCARTHY, PATRICK A NAME NAME 3909 NE 163RD ST, STE 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP N MIAMI BEACH, FL 33160 ☐ Change ■ Addition ☐ Delete TITLE TITLE RIVARD, CHIP NAME STREET ADDRESS 3909 NE 163RD ST, STE 304 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33160 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.