FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90733 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70039982

DOCUMENT # P00000067219

1. Entity Name
CONSOLIDATED INSURANCE MARKETING, INC OF FLORIDA

Principal Place of Business	Mailing Address
5100 W. KENNEDY BLVD., STE. 535 TAMPA, FL 33609	5100 W. KENNEDY BLVD., STE. 535 TAMPA, FL 33609

2. Principal Place of Business: 5300 W. CYPRESS ST.	3. Mailing Address: 5300 W. CYPRESS ST.
Suite, Apt #, etc.: SUITE 130	Suite, Apt #, etc.: SUITE 130
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33607 Country: HILLSBOROUGH	Zip: 33607 Country: HILLSBOROUGH

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3659441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, CHARLES
5300 W CYPRESS ST #130
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPST NAME: OSBORNE, CHARLES STREET ADDRESS: 5100 WEST KENNEDY BLVD, #535 CITY-ST-ZIP: TAMPA, FL 33609	☐ Delete	TITLE: NAME: STREET ADDRESS: 5300 W. CYPRESS ST., SUITE 130 CITY-ST-ZIP: TAMPA, FL 33607	☑ Change ☐ Addition
TITLE: VP NAME: OSBORNE, AMY D STREET ADDRESS: 5100 WEST KENNEDY BLD, #535 CITY-ST-ZIP: TAMPA, FL 33609	☐ Delete	TITLE: NAME: STREET ADDRESS: 5300 W. CYPRESS ST., SUITE 130 CITY-ST-ZIP: TAMPA, FL 33607	☑ Change ☐ Addition
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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 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.

SIGNATURE: [signature] 4-10-03 813-289-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)