2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000069229

SOUTHERN INDEPENDENT INSURANCE ADJUSTERS, INC.



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90153 004 ***150.00

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MINAL LAKES FL 30015	Principal Place of	Business	Mailir	ng Address								
2. Principal Place of Business	8500 NW 185 TERRACE		8500	-								
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S. Name and Address of Current Registered Agent DE LA VEGA, RAUL J Street Address (P.O. Sox Number is Not Acceptable) Street Address (P.O. Sox Number is Not Acceptable) City FL Zip Coop FL Zip C						_						
DE LA VEGA, RAUL J 8500 NW 185 TERRACE MIAMI LAKES FL 33015 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. Tam familiar with, and accept the chilipators of registered agent. SIGNATURE FILE NOWILLEFELS. 45(5),000 After May 1, 2003 Fee will be \$55,000 Make Check Payable to Florida Department of State 15. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10/* S-12P ITTLE VTD DE LA VEGA, RAFALA SISTET ADDRESS OTY-S1-2P ITTLE S DE LA VEGA, RAUL J SISTER ADDRESS OTY-S1-2P ITTLE SISTER ADDRESS OTY-S1-2P ADDRESS O	ZIμ	Country			Coun	iu y	5	 Certificate of Status Desired 				ì
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SigNAP Part	MIAMI LAKES	FL 33015				1						l
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SigNAP Part						City				Zip Cod		1
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		v that the information supplied wi	th this filing	does not qualify for	_ـــــ		Section	on 119.07(3)(i), Florida Statutes I	further cert	ify that the	information	1

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: