

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90007 038 ***550.00

011752 AT

DOCUMENT # P00000104034			
1. Entity Name COWEN INSURANCE, INC.			
Principal Place of Business 711 VIA DE LUNA DR. PENSACOLA BEACH FL 32561		Mailing Address 711 VIA DE LUNA DR. PENSACOLA BEACH FL 32561	
2. Principal Place of Business 2106 Creighton Rd. Suite, Apt. #, etc. Suite A City & State Pensacola, FL Zip 32504 Country Escambia		3. Mailing Address 2106 Creighton Rd. Suite, Apt. #, etc. Suite A City & State Pensacola, FL Zip 32504 Country Escambia	
4. FEI Number 59-3689643		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COWEN, ROBERT T 711 VIA DE LUNA DR. PENSACOLA BEACH FL 32561		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. SIGNATURE <u>Robert T Cowen</u> DATE <u>8-6-01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, ROBERT T 711 VIA DE LUNA DR. PENSACOLA BEACH FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DO NOT WRITE IN THIS SPACE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert T Cowen **8-6-01** **(850) 474-0336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)