

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91351 044 \*\*\*150.00

DOCUMENT # P00000106957

1. Entity Name

MUTUAL INSURANCE GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

250 Australian Ave. So.

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, FL

Zip  
33401

Country  
US

3. Mailing Address

250 Australian Ave. So.

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, FL

Zip  
33401

Country  
US

4. FEI Number

65-1069481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John C. Schneider, Esquire

Street Address (P.O. Box Number is Not Acceptable)

250 Australian Avenue South

1550 Clearlake Centre

City

West Palm Beach

FL

Zip Code  
33401

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P1  
Jenkins, Wayne  
1801 Centrepark Drive E (Ste 125)  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wayne Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

561 689 1901

Daytime Phone #