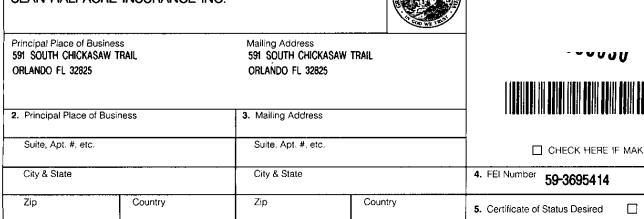
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000004529 **DOCUMENT #**

1. Entity Name

SEAN HALFACRE INSURANCE INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90432 027 ***150.00

2. Principal Place of Business		3 . Mai	3. Mailing Address				T LUBEN DER EIN DOZEN HIDN DOZEN DOZEN DOZEN DOZEN DOZEN DERNE BINGE FENNE HIDN HEDN HEDN						
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City	City & State			4.	4. FEI Number 59-3695414 Applied Fo						
Zip		Country	Zip	Zip Count			5.	5. Certificate of Status Desired					itional
	6. Name	and Address of Curre	nt Registere	ed Agent			7. Name and Address of New Registered Agent						
11415400	e oewi					Name							
HALFACRE, SEAN 1205 TUCKAWAY DRIVE					Street Addre	Address (P.O. Box Number is Not Acceptable)							
	GE FL 329				:								
. p				City FL Zip Code									
	named entiti tions of regist	y submits this statement ered agent.	for the purp	ose of changing its r	egistere	ed office or reg	istered ag	ent, or both	, in the State o	f Florida.	am familia	r with, a	and accept
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if app	olicable. (NOTE:	Registered	d Agent signature re	quired when re	einstating)		DA	ΤE		
Æfte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department							tion Campaigi t Fund Contrib	_	_		May Be to Fees
10.		OFFICERS AN	D DIRECTO	I PRS	11.		AD	DITIONS/C	HANGES TO	OFFICERS A	AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STRE	I .					Cr		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1205 TUC	E, KIRSTEN KAWAY DRIVE GE FL 32955		☐ Delete		I					☐ Ct	папде	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	•						Cr		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Cr	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Ct	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY-	T ADDRESS ST-ZIP					☐ Cr	_	☐ Addition
12. I hereby o	certify that the	information supplied w	ith this filing	does not qualify for t	he exer	nption stated i	n Section	119.07(3)(i),	Florida Statut	es. I further	certify tha	t the in	formation

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 exclude 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 profile like empowered.

SIGNATURE:

407-737-1116