FROM : LAW OFFICES FAX NO. : 386-792-8429 00

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-14-2002 90354 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020953

1. Entity Name: Partners Insurance Group, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Tower Hill Professional Suites	Same
Suite, Apt. #, etc.: 250-B NW 76th Drive	Suite, Apt. #, etc.
City & State: Gainesville Florida	City & State
Zip: 32607 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3703080 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Clinton T. McCahill
Street Address (P.O. Box Number is Not Acceptable): 104 Hatley Street
City: Jasper FL Zip Code: 32052

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] 4/24/02
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	President
NAME	Sheila W. Rooney
STREET ADDRESS	17419 SW 767 Ave.
CITY-ST-ZIP	Archer FL 32618
TITLE	Sec/Treas.
NAME	Natalie Krasnow
STREET ADDRESS	2441 NW 43rd st. 3A
CITY-ST-ZIP	Gainesville FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

352-378-8690