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

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90146 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020953

1. Entity Name
PARTNERS INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
TOWER HILL PROFESSIONAL SUITES 250-B NW 76TH DRIVE GAINESVILLE FL 32607-1593	TOWER HILL PROFESSIONAL SUITES 250-B NW 76TH DRIVE GAINESVILLE FL 32607-1593

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Partners Ins. Group	Same
Suite, Apt. #, etc.: 2441 NW 43rd St 3A	Suite, Apt. #, etc.
City & State: Gainesville	City & State
Zip: 32606 Country: Alachua	Zip Country

4. FEI Number 59-3703080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCAHILL, CLINTON T 104 HUTLEY STREET JASPER FL 32052	Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: S Williams, Pres.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROONEY, SHEILA W 17419 SW 767 AVE ARCHER FL 32618	☐ Delete	P Sheila J. Williams 17419 SW 67 Ave. Archer FL 32618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KRASNOW, NATALIE 2441 NW 43RD STREET GAINESVILLE FL 32606	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S Williams, Pres. 4/28/03 352-332-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #