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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Sep 03, 2003 8:00 am **Secretary of State** P01000052054 **DOCUMENT #** 09-03-2003 90020 049 ***550.00 1. Entity Name TANKERSLEY INSURANCE GROUP, INC. Principal Place of Business 1950 LEE RD Mailing Address 90153752 STE 213 STE 213 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address JO N. Westmoste Dr. fo Box 162207 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3724512 Altamorie Springs if L Not Applicable Country \$8.75 Additional 32703 5. Certificate of Status Desired 11.5. U15. -Fee:Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent: ankersle-John GEISMAR, CLIFFORD J ESQ Street Address (P.O. Box Number is Not Acceptable) 2431 ALOMA AVE., STE. 153 2049 bolden IVY WINTER PARK FL 32828 Zip Code 32703 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE MOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President TITLE TITLE ☐ Delete ☐ Change ☐ Addition TANKERSLEY, JOHN 2049 Golden Ivy Way NAME NAME 914 WEST PRINCETON ST. STREET ADDRESS STREET ADDRESS Apopka, FL 32703 ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP Vice traident TITLE ☐ Delete TITLE ☐ Change ☐ Addition TANKERSLEY, JILL GENTRY-NAME 2049 Golden IVY WAY NAME 914 WEST PRINCETON ST. STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIF TITLE -Change - Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered