

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91300 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000082445

1. Entity Name
LOURON INSURANCE GROUP, INC.



Principal Place of Business
6400 N. ANDREWS AVE
SUITE 404
FORT LAUDERDALE, FL 33309

Mailing Address
6400 N. ANDREWS AVE
SUITE 404
FORT LAUDERDALE, FL 33309

11024079

2. Principal Place of Business
1620 SWEETBAY WAY
Suite, Apt. #, etc.

3. Mailing Address
1620 SWEETBAY WAY
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL
Zip
33019
Country
USA

City & State
HOLLYWOOD, FL
Zip
33019
Country
USA

4. FEI Number
65-1130246
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WERNER, RONALD K
~~6400 N. ANDREWS AVE #404~~ **1620 SWEETBAY WAY**
~~FORT LAUDERDALE, FL 33309~~ **HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
(NOTE: Registered Agent's 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WERNER, RONALD K	1620 SWEETBAY WAY	HOLLYWOOD, FL 33019	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: Ronald K. Werner **RONALD K. WERNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES.** 4/22/03 954-205-3628
Daytime Phone #

CR2E034 (10/02)