FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90111 045 ***158.75

1. Entity Nam	MENT # P010001105 Insurance Agency, In		ť	\int		- · · · · · · · · · · · · · · · · · · ·	2 90111 0	136.73	
DO NOT WRITE IN THIS SPACE									
_ '.	lace of Business	3. Mailing Address							
7201	P.O. Box 14 Suite, Apt. #, etc.				50 NOT WOL	E IN THIS CO	***		
				nce Dêpt.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	FEI Number		Applied For	
	esville, FL	Gainesville			 		Not Applicable		
Zip 32605	Country USA	Zip 32614-7018	Country 118 USA			Certificate of Status Desired	i∡3 F∈	8.75 Additional ee Required	
ಆರ್ಥಕ್ಕಿ ಬ್ಯಾ			2-5- L	Name	7 N	ame and Address of Current	Registered A	Agent -	
DO NOT WRITE IN THIS SPACE					Jonathon B. Palmquist Street Address (P.O. Box Number is Not Acceptable) 7201 NW 11th Place				
e e e e e e e e e e e e e e e e e e e				City Ga	inesv	ille	FL	Zip Code 32605	
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, typed or printed name of registered agent at	nd title if applicable (NOTE	Rogistore	d Agent signature	required when i	cinstatino)	DATE		
	· ···	January 1 - M				T			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable			i, Fee i UBR i	s \$550.00 s \$61.25	-	10. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS							
TITLE	C/CEO/P/T/D			1				. 10/2	
NAME STREET ADDRESS	WIIIIam D. DHIVEIN			E ET ADDRESS				CR2E034R (12/01	
CITY-ST-ZIP	/ZU1 NW IITN Place			- ST- ZIP				. 1380	
TITLE				.				325	
NAME	Jonathon B. Palmquist			Ł.				ت ا	
STREET ADDRESS CITY-ST-ZIP	7201 NA TIEN TIACC			ET ADDRESS -ST-ZIP					
TITLE	odinesville, in	<u> </u>	TITLI						
NAME			NAM	E				*	
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CITY-ST-ZIP	<u> </u>		╂		 -				
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CITY-ST-ZIP	<u> </u>			-ST-ZIP					
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	his filing does not qualify for true and accurate and that m wered to execute this report	the exe y signa as req	mption stated ture shall have uired by Chap	l in Section e the same oter 607, Fl	119.07(3)(i), Florida Statutes. I legal effect as if made under o orida Statutes; and that my nar	further certify ath; that I am ne appears i	y that the information i an officer or director in Block 11 or on an	



February 4, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Document #P01000110597 C&N Insurance Agency, Inc.

Please find enclosed the 2002 Uniform Business Report for C&N Insurance Agency, Inc. and our check #000003 in the amount of \$158.75.

Thank you for your assistance. If you have any questions, please call me at (800) 509-1592, extension 1535.

Sincerely,

Suzanne Feather

Compliance Department

/enclosures