## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000118936

Entity Name: ASSURANCE FINANCIAL GROUP, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 248 CODRINGTON DRIVE 1927 NW 9TH AVE LAUDERDAL BY THE SEA, FL 33308 FT. LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 248 CODRINGTON DRIVE 1927 NW 9TH AVE LAUDERDAL BY THE SEA, FL 33308 FT. LAUDERDALE, FL 33311 FEI Number: 04-3586840 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHMUCKLER, HOWARD R 612 OLIVE TREWE CIRCLE WEST PALM BEACH, FL 33413 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PSTD** (X) Change ( ) Addition DURAND, SHAWN P DURAND, SHAWN P Name: Name: 248 CODRINGTON DRIVE 248 CODRINGTON DRIVE Address: Address: City-St-Zip: LAUDERALDE BY THE SEA, FL 33308 US City-St-Zip: LAUDERALDE BY THE SEA, FL 33308 US Title: Title: () Change () Addition () Delete

Name:

 Name:
 DURAND, BRYON P

 Address:
 2742 JOHNSON STREET NE

 City-St-Zip:
 MINNEAPOLIS, MN 55418 US

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN P DURAND PRES 04/30/2002