2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UB **DOCUMENT#** P01000120024 1. Entity Name RECREATION INSURANCE MANAGEMENT, INC. Principal Place of Business Mailing Address 5780 S. SEMORAN RIVID



***150.00

<u> </u>	Jan 14, 2003
	Secretary of 01-14-2003 90079 001
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S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent		Country Zip 3888			5.	5. Certificate of Status Desired			\$8.75 Additional	
HANEY, MARK T 201 S. MONROE ST., 2ND FL TALLAHASSEE FL 32301 City FL Zip Code City		6. Name and Address of Curre	ent Registered Agent		7.	Name and	Address of New Re	edistered Agent	illeo	
Street Address (P.O. Box Number is Not Acceptable)	LIANEV	MADIC T		Name				giolotea Agent		
TALLAHASSEE FL 3201 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE DP GILBERT, ALAN STRET ADDRESS OTY-SI-2P TITLE DV GILBERT, TERESA STRET ADDRESS OTY-SI-2P TITLE NAME STRET ADDRESS OTY-SI-2P Addition STRET ADDRESS OTY-SI-2P ADDITIONAL OFFICERS AND DIRECTORS IN 11 ADDITIONAL O	1			Street	Address (B.O.)	Class Niversia				
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	12. I hereby ce	ertify that the information supplied with	h this filing does not qualify		1: 0 ::					

12 of the corporation or the received changed, or on an attachment accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director effect as if made under oath; that I am an officer or director for ke empowered.

The provided Have the same legal effect as if made under oath; that I am an officer or director for ke empowered.

SIGNATURE:

SUIREAIGN

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407-382-3344

Daytime Phone #

CR2E034 (10/02)