

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # **P02000007215**

**CONCEPT ONE INSURANCE, INC.**



426 EVERGREEN DRIVE  
OLDSMAR FL 34677

P.O. BOX 1419  
OLDSMAR FL 34677

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State -

Country

03-0386009

Not Applicable

☐ **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

OXENDINE, JASON C  
426 EVERGREEN DRIVE  
OLDSMAR FL 34677

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 |
|-----|------------------------|

|     |   |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | PD                | <input type="checkbox"/> Delete |
| NAME            | OXENDINE, JASON C |                                 |
| STREET ADDRESS  | P.O. BOX 1419     |                                 |
| CITY - ST - ZIP | OLDSMAR FL 34677  |                                 |

| TITLE          |                                 |
|----------------|---------------------------------|
| NAME           | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> Delete |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

| TITLE           |                                 |
|-----------------|---------------------------------|
| NAME            | <input type="checkbox"/> Delete |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

| TITLE           |                                 |
|-----------------|---------------------------------|
| NAME            | <input type="checkbox"/> Delete |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           |                                 |
| NAME            | <input type="checkbox"/> Delete |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|   |   |
|---|---|
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                |  |
|----------------|--|
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                 |  |                                 |                                   |
|-----------------|--|---------------------------------|-----------------------------------|
| TITLE           |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME            |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP |  |                                 |                                   |

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST., ZIP |   |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY AND STATE |   |

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:**

SIGNATURE OF SENDING OFFICER

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)