FILED
Feb 20, 2003 8:00 am
Secretary of State
01-13-2003 90088 030 ***150.00

1/1

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010722

1. Entity Name
ARTISAN INSURANCE GROUP, INC.

55066960

Principal Place of Business	Mailing Address
3220 LITHIA PINECREST SUITE 103 VALRICO FL 33594	3220 LITHIA PINECREST SUITE 103 VALRICO FL 33594

2. Principal Place of Business	3. Mailing Address
801 W Bloomingdale Ave	801 W. Bloomingdale Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon FL	City & State: Brandon FL
Zip: 33511 Country: Hillsborough	Zip: 33511 Country: Hillsborough

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0592224 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WOODWARD, ANTHONY G ESQUIRE
2024 W. CLEVELAND STREET
TAMPA FL 33606

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: AD CHANGE. 1/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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	D ☒ Delete
NAME	WILLIAMS, ROY F
STREET ADDRESS	3220 LITHIA PINECREST, SUITE 103
CITY-ST-ZIP	VALRICO FL 33594
TITLE	PVST ☐ Delete
NAME	VAZQUEZ, RICHARD A
STREET ADDRESS	3220 LITHIA PINECREST, SUITE 103
CITY-ST-ZIP	VALRICO FL 33594
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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 REQUIRED 1/2/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #