FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90094 002 ***150.00

DOCUMENT # P02000025490

1. Entity Name
KINGSWAY ADVISORS, INC.

DO NOT WRITE IN THIS SPACE

90087147

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2. Principal Place of Business	3. Mailing Address
315 EAST ROBINSON ST.	315 EAST ROBINSON ST.
Suite, Apt. #, etc.: SUITE 555	Suite, Apt. #, etc.: SUITE 555
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32801 Country: ORANGE	Zip: 32801 Country: ORANGE

4. FEI Number: 04-3620519 — Applied For / Not Applicable

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

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

Name: MATTHEW McKEEVER
Street Address (P.O. Box Number is Not Acceptable): 315 EAST ROBINSON STREET
SUITE 555
City: ORLANDO FL Zip Code: 32801

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: ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/T/S/D
NAME	MATTHEW T. McKEEVER
STREET ADDRESS	315 EAST ROBINSON STREET #555
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MATTHEW T. McKEEVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #