FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 90244 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

55046120

DOCUMENT # P02000057582

1. Entity Name
ASSOCIATED INSURANCE MANAGEMENT OF NAPLES, INC.

Principal Place of Business	Mailing Address
2073 PINE RIDGE ROAD NAPLES, FL 34109	2073 PINE RIDGE ROAD NAPLES, FL 34109

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5683 Naples Blvd.	5683 Naples Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34109 Country: USA	Zip: 34109 Country: USA

4. FEI Number: 13-4206006 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

* SYNDER, RICHARD A → SNYDER
7749 MILL RUN CIRCLE
NAPLES, FL 34109

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: [signature] DATE: 4/23/03

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SYNDER, RICHARD A — SNYDER
STREET ADDRESS	7749 MILL RUN CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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] 7755106? (239) 598-9013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/23/2003