


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90825 022 \*\*\*158.75

<b>DOCUMENT #</b> P02000093961	
<b>1. Entity Name</b> FLORIDA FLOOD INSURANCE AGENCY, INC.	

<b>Principal Place of Business</b> 306 MAGNOLIA STREET WINDERMERE FL 34786	<b>Mailing Address</b> 306 MAGNOLIA STREET WINDERMERE FL 34786
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<b>2. Principal Place of Business</b> 104 West 6th Avenue Suite, Apt. #, etc.	<b>3. Mailing Address</b> P. O. Box 640 Suite, Apt. #, etc.
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<b>City &amp; State</b> Windermere, FL	<b>City &amp; State</b> Windermere, FL 34786
<b>Zip</b> 34786	<b>Country</b> Orange

<b>4. FEI Number</b> 55-0804928	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MCGRATH, LESLIE H 306 MAGNOLIA STREET WINDERMERE FL 34786
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<b>7. Name and Address of New Registered Agent</b>	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D President	<input type="checkbox"/> Delete	<b>TITLE</b> Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> MCGRATH, LESLIE H		<b>NAME</b> Mona McGrath	
<b>STREET ADDRESS</b> 306 MAGNOLIA STREET		<b>STREET ADDRESS</b> 306 Magnolia Street	
<b>CITY-ST-ZIP</b> WINDERMERE FL 34786		<b>CITY-ST-ZIP</b> Windermere, FL 34786	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:**  **FILED**  
Leslie H. McGrath, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Office: (407) 876-1000 or  
Home: (407) 876-3753  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)