

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000018848

FILED
Jul 11, 2006
Secretary of State**Entity Name:** UNIVERSAL INSURANCE SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**1000 S. PINE ISLAND ROAD
SUITE 430
PLANTATION, FL 33324**New Principal Place of Business:****Current Mailing Address:**C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661**New Mailing Address:****FEI Number:** 20-0679497**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINE, RONALD
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: MCGILVRAY, JAMES
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: MCGILVRAY, TRACEY
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: LIESER, LORI
Address: 500 W MADISON, STE 2400
City-St-Zip: CHICAGO, IL 60661

Title: V () Delete
Name: HINKSON, MALIKA
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVINE, BETH
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: TD (X) Change () Addition
Name: MCGILVRAY, JAMES
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LIESER, LORI M
Address: 500 W MADISON, STE 2400
City-St-Zip: CHICAGO, IL 60661

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER

V

07/11/2006

Electronic Signature of Signing Officer or Director

Date