2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P04000018848

Entity Name: UNIVERSAL INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

800 FAIRWAY DRIVE
SUITE 320
DEERFIELD BEACH, FL 33441

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVINE, BETH
Address: 800 FAIRWAY DRIVE, SUITE 320
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: TD ( ) Delete
Name: MCGILVRAY, JAMES
Address: 800 FAIRWAY DRIVE, SUITE 320
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S ( ) Delete
Name: MCGILVRAY, TRACEY
Address: 800 FAIRWAY DRIVE, SUITE 320
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V ( ) Delete
Name: LIESER, LORI M
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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

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 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: JAMES MCGILVRAY TD 03/06/2008

Electronic Signature of Signing Officer or Director — Date