AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 23 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045278

1. Entity Name

MR. AUTO INSURANCE OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19626 US Hwy 1	19626 US Hwy 1
Suite, Apt. #, etc	Suite, Apt. #, etc
TEQUESTA, FL	TEQUESTA, FL
Zip: 33469 Country: US	Zip: 33469 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0429029 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK E. FLYNN

Street Address (P.O. Box Number is Not Acceptable): 140 CYPRESS COVE

City: JUPITER, FL FL Zip Code: 33458

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.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
D FLYNN, MARK E. 140 CYPRESS COVE JUPITER, FL 33458

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
000005754440--5 -06/11/02--01109--006 *****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark E. Flynn President 5/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #