

Document Number Only

P93000060563

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

500003505795--4

-12/19/00--01055--008-

*****35.00 *****35.00

*less of
inactive corp.*

Universal Underwriters Insurance Agency

FILED
DEC 19 PM 4:24
TALLAHASSEE, FLORIDA

- | | | |
|--------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name Availability	12/19/00
Document Examiner	<i>DR</i>
Updater	<i>DR</i>
Verifier	<i>DR</i>
Acknowledgment	12/19/00
W.P. Verifier	

PLEASE RETURN EXTRA COPY(S)

FILE STAMPED

THANKS

CONNIE BRYAN

ARTICLES OF DISSOLUTION

FILED
00 DEC 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is
Universal Underwriters Insurance Agency, Inc.

SECOND: The date dissolution was
authorized: December 15, 2000.

THIRD: Adoption of Dissolution (check one)

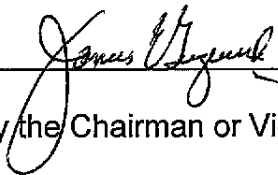
☒ X Dissolution was approved by the shareholders. The number of
votes cast for dissolution was sufficient for approval.

Dissolution was approved by vote of the shareholders through
voting groups.

*[The following statement must be separately provided for
each voting group entitled to vote separately on the plan to
dissolve.]*

The number of votes cast for dissolution was sufficient
for approval by _____."
(voting group)

Signed this 15th day of December, 2000.



Signature
(By the Chairman or Vice Chairman of the Board,
President, or other officer)
James E. Guzewich
(Typed or Printed Name)

Treasurer
(Title)