2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600001773 1. Entity Name PIETRAS INSURANCE AGENCY & ASSOCIATES, INC.

FILED May 02, 2000 8:00 am Secretary of State 05-02-2000 90013 041 ***150.00

Principal Plac	e of Business	•	Mailing Address									
6551 RIDGE RD BLDG. 3. STE. 1 PORT RICHEY FL 34668 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current Received in the control of the country of the coun			6551 RIDGE RD BLDG. 3. STE. 1 PORT RICHEY FL 34668-6836 US 3. Mailing Address Suite, Apt. #, etc. City & State				L KOROLI TOK 1906	alar lan tida or	lik Ca klik Ca klik	OOREN KIERA ROO	(1,10,1	E UURU K er u
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						4. FEI Number 59-3352672					Applied For Not Applicable 3.75 Additional e Required	
			Zip Coun		ntry							
			nietered Agent		7. Name and Address of New R			Registere				
	o. Name	and Address of Carrent F	egistered Agent		Name		The same prior and	10.000 0: 110		- r.g		
	SSMAN, ALA 5 COURT S				Street Address (P.O. Box Number is Not Acceptable)							
SUN	TE 102 ARWATER F											
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8. The above	named entity	submits this statement for	the nurgose of changing it	s registere	ed office or reals	stered ao	ent, or both, i	n the State of F	lorida.			
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SIGNATURE.									· · · ·			
	Signature, typed	or printed name of registered agent ar	d title if applicable (NO	TE. Registered	d Agent signature requ	ired when re	einstating)		DATE	 -		
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR