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FILED

Aug 20, 2003 8:00 am

8/18/03 954-636.0477

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State P96000067362 DOCUMENT # 08-20-2003 90051 048 ***550.00 1. Entity Name PENINSULA INSURANCE GROUP, INC. Principal Place of Business Mailing Address 1040 BAYVIEW DR 1040 BAYVIEW DR STE 410 STF 410 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0694248 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLEVELAND, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 900 SE 14TH CT **DEERFIELD BEACH FL 33441** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered abent and title if applicable. (NOTE: Registered Agent signature regulaed when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. * OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Addition CLEVELAND, GEORGE T NAME . NAME 900 SE 14TH CT STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE CIEVELANDIII JAMES W **CLEVELAND III, JAMES W** NAME NAME 4887 KENSINGTON CIR COLAC SPRINGS, FL STREET ADDRESS 10448 NW 21 MANOR STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-7IP :Change ☐ Addition TITLE ☐ Delete ---TITLE ~~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.