2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000005737 **DOCUMENT #**

1. Entity Name

O'CONNOR INSURANCE GROUP INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90279 030 ***150.00

STROPE BAY BEACH FL 33493-4566 S				COO WE THE		
Suite Act # ord. Suite, Apt. #, ord. A FEI Number 65-0720077 Applied For Not Applicable City & State A FEI Number 65-0720077 Applied For Not Applicable City & State A FEI Number 65-0720077 Applied For Not Applicable City & Suite, Apt. #, ord. A FEI Number 65-0720077 Applied For Not Applied For N	rincipal Place of Business 7 TROPIC BLVD ELRAY BEACH FL 33483-4956 S		917 TROPIC BLVD DELRAY BEACH FL 33483-4956			
City & State Country S. Certificate of Status Desired Set 7, Anathronian of Status Desired Set 7, Anathronian of States Desired Set 7, Anathronian of States Desired Set 8, And States of New Begintered Againt National Address of New Begintered Againt	Principal Place of Business		3. Mailing Address		-	. <u>0.181</u>
Solution Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Begistered Agent 7. Name and Address Not Address 7. Name and Address Not Address 7. Name and Address Not Address 7. Name and Address Of New Begistered Agent 7. Name and Address Of New Begistered Agent 7. Name and Address Not Address 7. Name and Address Not Address Not Address 7. Name and Address Not Address Not Address 7.	City & State		City & State		4. FEI Number 65-0720077	Applied For Not Applicable
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The above named entity suprimes this stratament for the purpose of changing its registered director registered agent, or both, in yet state of Florida. I am familist with Jane (Agent Spann) Connot	O'CONNOR, MARI	K J				
After May 1, 2003 Fee will be \$550.00 Alake Check Payable to Florida Department of State O. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICER ADDITIONS I	the obligations of re	egistered adjent	/	s registered office or register	ored agent, or both, in the State of Florida. I am Connol Edwhen reinstating) DATE	familiar with and copy
TILE O'CONNOR, MARK J TREET ADDRESS TREET AD	After May 1,	2003 Fee will be \$550.00	f State		Trust Fund Contribution.	Added to Fees
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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 receiver of true empty end to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Delta Phone #	12. I hereby certify the indicated on this in of the corporation changed, or on an	report or supplemental report or the receiver of trunce enhance trattechment with an address,	s trye and accurate and that of the decirate and that of the decirate this report of the decirate and the de	t my signature shall have the rit as required by Chapter 60 d.	07, Florida Statutes; and that my name appears	Sin Block 10 or Block 11 if