FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90436 006 ***150.00

DOCUMENT # P97000096033

1. Entity Name
FLORIDA HOME BUILDERS INSURANCE AGENCY, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
243 Office Plaza Dr	P. O. Box 15459
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country: USA	Zip: 32317 Country: USA

4. FEI Number: 59-3478874 ☐ 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: Tom L Williams

Street Address (P.O. Box Number is Not Acceptable): 243 Office Plaza Dr

City: Tallahassee FL Zip Code: 32301

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: Tom L Williams — Tom L Williams — 1-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	C/D
NAME	Dan E. Imoge
STREET ADDRESS	243 Office Plaza Dr
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	CEO
NAME	William D. Knepper, CPCU
STREET ADDRESS	243 Office Plaza Dr
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	V/S
NAME	Tom L Williams
STREET ADDRESS	243 Office Plaza Dr
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	A V P
NAME	Paula N. Hodson
STREET ADDRESS	243 Office Plaza Dr
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D
NAME	Bob Bluestone
STREET ADDRESS	243 Office Plaza Dr
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	
NAME	See attached sheet
STREET ADDRESS	2 sheets
CITY-ST-ZIP	

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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom L Williams — Tom L Williams — 1-10-03 — 850-425-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #