2001 UNIFORM BUSINESS REPORT (UBR)

P98000075591

DOCUMENT #

SIGNATURE:

FILED Sep 18, 2001 8:00 am Secretary of State 1. Entity Name CULLEN R. DARLING INSURANCE INC. 09-18-2001 90010 028 ***150.00 Mailing Address Principal Place of Business 2290 N.W. BOCA RATON BOULEVARD 2290 N.W. BOCA RATON BOULEVARD SUITE 10 SUITE 10 **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0861778 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARLING, CULLEN R Street Address (P.O. Box Number is Not Acceptable) 2290 N.W. BOCA RATON BOULEVARD SUITE 10 **BOCA RATON FL 33431** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 (5/01)☐ Change ☐ Addition TITLE Delete TITLE DARLING, CULLEN R NAME NAME CR2E034 STREET ADDRESS 2290 N.W. BOCA RATON BLVD., SUITE 10 STREET ADDRESS BOCA RATON FL 33431 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 11 or Block 12 in B

AHachment 0#1998(V)0075599 979323

September 11,2001

To: FLORIDA DEPARTMENT OF STATE

Division of Corporations P. O. Box 6327 TALLAHASSEE, FL 32314

From: Cullen R. Darling

5153 Blackwater Road

VIRGINIA BEACH, VA 23457-1116

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 as full payment for my Florida Business License. I apologize for the delay in remitting the said fee. By the time I received the attached notice it was all ready way overdue.

Just recently, I have realized that some very important business agencies, such as yours; were not notified of our new address. My wife and I moved to Virginia in March of this year. We have changed our address on all personal and some business-related mail. Somehow your agency has been overlooked and has resulted in this delay.

I have now corrected this problem. Please accept this payment in full and without any additional late fees or penalties. Hoping for your kind consideration regarding this matter.

Sincerely.

Cullen R. Darling

Cullen R. Darling Insurance, Inc.

FEI Number: 65-0861778