

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000020951						FILED 03 OCT 27 AM 10:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 10/27/03 01014024 200.00 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
1. Entity Name THE BOCA INSURANCE GROUP, INC.				Principal Place of Business 833 S.E. 9TH STREET DEERFIELD BEACH FL 33441				Mailing Address 833 S.E. 9TH STREET DEERFIELD BEACH FL 33441	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				4. FEI Number 65-0902833	
City & State				City & State				Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORGENSEN, LARRY B 833 SE 9TH STREET DEERFIELD BEACH FL 33441						7. Name and Address of New Registered Agent Name Street Address City State FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P	JORGENSEN, LARRY B	833 SE 9TH STREET DEERFIELD BEACH FL 33441						
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					9/03 (954) 786-3000				

CR2E034 (4/03)