

2001  
2001 **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90278 003 \*\*\*158.75

768546

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000034604			
1. Entity Name <b>AMSURE, INC.</b>			
Principal Place of Business <b>3124 Waterway Place Daytona Beach, Fl. 32124</b>		Mailing Address <b>3124 Waterway Place Daytona Beach, Fl. 32124</b>	
2. Principal Place of Business <b>2673 Slow Flight Dr</b>		3. Mailing Address <b>2673 Slow Flight Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DAYTONA BEACH FL</b>		City & State <b>DAYTONA BEACH, FL</b>	
Zip <b>32124</b>	Country <b>FLORIDA</b>	Zip <b>32124</b>	Country <b>FLORIDA</b>
4. FEI Number <b>65-0911159</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>Clarys Cone 3124 Waterway Place Daytona Beach, Fl. 32124</b>		7. Name and Address of New Registered Agent Name <b>CLARYS CONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2673 Slow Flight Drive</b> City <b>DAYTONA BEACH FL</b> Zip Code <b>32124</b>	
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 <input checked="" type="checkbox"/> <b>Clarys Cone</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Clarys Cone 10691 S.W. 23 CT. Ft. Lauderdale, Fl. 33324</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Clarys Cone 11620 SW 40th Street MIAMI FL 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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CR2E034 (9/99)

13. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ **Clarys Cone** **4-25-01** **786**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #