2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052311

THE RELENTLESS INSURANCE GROUP, INC.



Principal Place of Business 4010 57TH AVENUE SOUTH STE 204 LAKE WORTH FL 33463	Mailing Address 4010 57TH AVENUE SOUTH STE 204 LAKE WORTH FL 33463
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

May 02, 2003 8:00 am Secretary of State

05-02-2003 90395 021 ***150.00

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		4010	Mailing Address 4010 57TH AVENUE SOUTH STE 204 LAKE WORTH FL 33463				1 20 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Principal Place of Business Address									(1881 1881 1881 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884		
Suite, Apt. #, etc. Suite, Apt. #, etc.					. CHECK HERE IF MAKING CHANGES						
State City & State					4. FEI Number 65-0935722 Applied Fo Not Applied			pplied For ot Applicable			
=	Country	Zip		Country		5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name	and Address of Cu	rrent Registere	ed Agent			7.	Name and Address of New Reg	istered Ag	ent		
I AVENUE	SOUTH STE 204	¢ •		_		ss (P.O. E	Box Number is Not Acceptable)			· ·	
11n FL 33463				City F1 Zip Code					e		
		ent for the purp	ose of changing its	registered	office or regis	stered ag	gent, or both, in the State of Florid	a. I am far	1niliar with,	and accept	
	or printed name of registered	agent and title if app	licable. (NOTE	E: Registered A	gent signature requ	ired when r	reinstating)	DATE			
May 1, 200	3 Fee will be \$550 Florida Departme	0.00 ent of State					Trust Fund Contribution.		Added	0 May Be I to Fees	
	OFFICERS	AND DIRECTO	RS	11.		A	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
MCALONA 4010 57TH	i avenue souti		☐ Delete		i i				Change	Addition	
			☐ Delete	*****] Change	☐ Addition	
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		1	☐ Delete	CITY-ST-	ZIP					☐ Addition	
	ENUE SOUT FL 33463 ace of Busin #, etc. 6. Name N, FRANCI I AVENUE RTH FL 334 named entity ons of regist Signature, typed LE NOW!! May 1, 200 Payable to DPD MCALONA 4010 57Th LAKE WOI	Country 6. Name and Address of Cu N, FRANCIS R JR. A AVENUE SOUTH STE 204 RTH FL 33463 named entity submits this statemons of registered agent. Signature, typed or printed name of registered LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$55 Payable to Florida Departme OFFICERS DPD MCALONAN, FRANCIS R JR	ENUE SOUTH STE 204 FL 33463 LAKE lace of Business #, etc. Country Country Country Signature, typed or printed name of registered agent and title if approach approach and personal persona	ENUE SOUTH STE 204 FL 33483 A010 57TH AVENUE SOUTH FEE IS \$150.00 FOR AVENUE SOUTH FEE IS \$150.00 FOR AVENUE SOUTH FOR AVENUE FOR	# AUTHOR SOUTH STE 204 FL 33463 # AUTHOR SOUTH STE 204 # AUTHOR STEET AUTHOR SOUTH STE 204 # AUTHOR STEET AUTHOR	# A010 57TH AVENUE SOUTH STE 204 FL 33463 A010 57TH AVENUE SOUTH STE 204 LAKE WORTH FL 33463 Avenue and Address of Current Registered Agent	## SOUTH STE 204 ## AUTO 57TH AVENUE SOUTH STE 204 ## etc. Suite, Apt. #, etc.	Auto 57TH AVENUE SOUTH STE 204 LAKE WORTH FL 33463 LAKE WORTH FL 33463 A, Mailing Address A, etc. City & State Country City & State Country Country Country Country Country S, Certificate of Status Desired Name and Address of Current Registered Agent N, FRANCIS R JR. A WENUE SOUTH STE 204 TTH FL 33463 City State City & State Country City & State Country S, Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable) City City	Auto STH AVENUE SOUTH FL 33463 Acc of Business J. Mailing Address J. Country J. D. Mailing Address of Current Registered Agent N. FRANCIS R JR. J. Name and Address of New Registered Agent N. FRANCIS R JR. J. Name and Address of New Registered Agent N. FRANCIS R JR. J. Name and Address of New Registered Agent N. FRANCIS R JR. J. Name and Address of New Registered Agent N. FRANCIS R JR. J. Name and Address of New Registered Agent J. Name and Address of New Registered Agent N. FRANCIS R JR. J. Name and Address of New Registered Agent J. Name and Address of New	## GLC Suite, Apt. #, into City & State A. FEI Number \$5-0835722 Apt. #, into City & State A. FEI Number \$5-0835722 Apt. #, into City & State A. FEI Number \$5-0835722 Apt. #, into City & State A. FEI Number \$5-0835722 Apt. #, into Apt. #, i	

indicated on this report or supplied winding does not qualify for the exemption stated in Section 119.07(3)(1), 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 or provided 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 addition, with all other like empowered.

SIGNATURE: