2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P99000060560 **DOCUMENT #**

LONGWOOD FL 32750-3012

FLORIDA CHARTERED INSURANCE GROUP, INC.



1. Entity Name

Principal Place of Business 980 N. GOUNTY ROAD 427

Mailing Address

980 N. GOUNTY ROAD 427 LONGWOOD FL 32750-3012

2. Principal Place of Business 980 N. RONALD REAGAN BLV.	3. Mailing Address . 980 N. RUNALD REAGAN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90279 035 ***150.00

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☐ CHECK HERE IF MAKING CHANGES .

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City & State		FL	City & State LONG-WOUD, FL			4. F	4. FEI Number 59-3590656			plied For t Applicable	
Zip 32750-3	Zip Country : 750-3012		Zip Co 32750-3012		ountry	5. Certificate of Status Desired \$8.75 Addi Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
TONEY, KENNETH R											
980 N. GOUNTY RD. 427 RUNALO REAGAN BLVS.					Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 130 0											
LONGWOOD FL 32750 - 3012					City				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 or registered agent.											
SIGNATURE WWW V.P Leneth R. Toney Sign fune, typed of privided names of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ampaign Financing Contribution.		O May Be to Fees	
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led with this filling does not quality for the exemption stated in Section 119.07(3)(f). Florida statutes, I further certify that the information eport 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if directs, with all other like empowered. indicated on this report or supplemental of the corporation or the received changed, or on an attachment with

SIGNATURE:

Daytime Phone #