

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000104021**1. Entity Name
INSURANCE & INVESTMENT GROUP, INC.Principal Place of Business
3147 LINDEN AVE.
GULF BREEZE FL 32561
Mailing Address
3147 LINDEN AVE.
GULF BREEZE FL 325612. Principal Place of Business
1333 COLLEGE PARKWAY # 122
3. Mailing Address
1333 COLLEGE PARKWAY #122.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GULF BREEZE FLZip
325614. FEI Number
59-3611303
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**AANESTAD JEFFERSON R
3147 LINDEN AVE.

GULF BREEZE FL 32561

7. Name and Address of New Registered AgentName
AANESTAD JEFFERSON R
Street Address (P.O. Box Number is Not Acceptable)
4460 HICKORY SHORES BLVD.City
GULF BREEZE FL Zip Code
32561

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 **JEFFERSON R. AANESTAD****03/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE P ☐ Delete
NAME DOWNEY HARRELL G
STREET ADDRESS 4726 PEACH LANE
CITY-ST-ZIP PENSACOLA FL 32504TITLE PT ☐ Delete
NAME AANESTED JEFFERSON R
STREET ADDRESS 3147 LINDEN AVE
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE P ☒ Change ☐ Addition
NAME DOWNEY HARRELL G
STREET ADDRESS 4726 PEACOCK LANE
CITY-ST-ZIP PENSACOLA FL 32504TITLE PT ☒ Change ☐ Addition
NAME AANESTED JEFFERSON R
STREET ADDRESS 4460 HICKORY SHORES BLVD.
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jefferson R. Aanestad

Tres 03/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)