2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State **DOCUMENT #** S89314 1. Entity Name 07-16-2002 90362 002 ***150.00 INSURANCE WAREHOUSE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 6555 POWERLINE RD. 6555 POWERLINE RD STE 214 STE 214 FT. LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0309863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKINLEY, JAMES Street Address (P.O. Box Number is Not Acceptable) 6555 POWERLINE RD. **STE 214** FT. LAUDERDALE FL 33309 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 SIGNATURE 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Addition MCKINLEY, JAMES NAME MCKINLEY , JAMES 6555 POWERLINE ROAD, # 214 NAME STREET ADDRESS 6555 POWERLINE RD #214 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL FORT LANDERDAGE, FL 33309 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

FILED

Attachment



INSURANCE WAREHOUSE

OF SOUTH FLORIDA, INC. 6555 POWERLINE ROAD, SUITE 214, FT. LAUDERDALE, FL 33309 954/938-9824; 800/858-4451; FAX 954/938-2695

DOCH-589314

July 9, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs:

Re: Insurance Warehouse of South Florida, Inc. - EIN # 65-0309863

Enclosed is our check # 1986 dated 07/09/02 and in the amount of \$150.00 for our 2002 Uniform Business Report filing fee. Please be advised that we did that receive the first notice.

Yours truly,

James McKinley

President