2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$94042 May 04, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA INTERNATIONAL UNDERWRITERS, INC. 05-04-2000 90103 041 ***150.00 Mailing Address Principal Place of Business 2300 GLADES RD 2300 GLADES RD STE - 135 STE - 135 BOCA RATON FL 33431-7386 BOCA RATON FL 33431-7335 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0301098 Not Applicable Country \$8.75 Additional Zio Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELLOWS, NANCY D Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD SUITE 135 EAST **BOCA RATON FL 33431** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE TITLE FELLOWS, C.W.A. DECENSED 12/22/99 FELLOWS, C.W.A. NAME NAME 2300 GLADES ROAD / STE - 135E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE SCROPE, S.E. NAME 2300 GLADES ROAD / STE - 135E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE LUND, H.N. NAME NAME 2300 GLADES RD / STE - 135E STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE FELLOWS, NANCY D NAME 2300 GLADES RD / STE 135E STREET ADDRESS STREET ADORESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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:

SIGNATURE: Date Date Daytime Phone #