2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# V65476

Entity Name: HOCKMAN LACKEY INSURANCE, INC.

Current Principal Place of Business:

5680 A WEST CYPRESS
TAMPA, FL 33622

New Principal Place of Business:

3438 COLWELL AVENUE
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 22668
TAMPA, FL 33622

New Mailing Address:

3438 COLWELL AVEUNE
TAMPA, FL 33614

FEI Number: 59-3143087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOCKMAN, RONALD S
5680 A WEST CYPRESS STREET
TAMPA, FL 33622 US

Name and Address of New Registered Agent:

HOCKMAN, RONALD S
3438 COLWELL AVENUE
TAMPA, FL 33614 US

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: _____ 04/22/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: HOCKMAN, RONALD S
Address: 5680 A WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: HOCKMAN, RONALD S
Address: 3438 COLWELL AVENUE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD S. HOCKMAN PST 04/22/2003
Electronic Signature of Signing Officer or Director — Date