2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000006750

Entity Name: AFS INSURANCE AGENCY, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:				
	IDE OFFICE P , MA 02493	ARK					
Current Mailing Address:			New Mailing Address:				
	IDE OFFICE P , MA 02493	ARK					
FEI Number	: 04-2878958	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOL	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or	both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered Ag	ent		Date		
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement and elects to o	do so (X).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	JOHNSON, DAI 9 RIVERSIDE (OFFICE PARK	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	OAKES, ROB	OFFICE PARK		

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: ROBERT W OAKES JR. **AVP** 04/25/2002