

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58087

1. Entity Name

FLAGSHIP MARINE INSURANCE AGENCY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90163 039 ***150.00

Principal Place of Business PO BOX 788 DEERFIELD BEACH FL 33443 US	Mailing Address PO BOX 788 DEERFIELD BEACH FL 33443-0788 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0098113		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEHRINGER, CHARLES J. 107 LINCOLN CT POMPANO BEACH FL 33442		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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) 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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEHRINGER, CHARLES J. 107 LINCOLN CT POMPANO BCH FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEITENHAUS, THOMAS J. 4260 S HOWELL AVE MILWAUKEE WI 53207	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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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 reports 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 employees.

SIGNATURE:

Charles J. Gehring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00 1-800-352-1501
Date Daytime Phone #

CR2E034 (9/99)