2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90009 023 ***150.00

C0037028

DO NOT WRITE IN THIS SPACE

DOCUMENT # K58087

1. Entity Name
FLAGSHIP MARINE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 788 DEERFIELD BEACH FL 33443 US	PO BOX 788 DEERFIELD BEACH FL 33443 US

2. Principal Place of Business	3. Mailing Address
107 LINCOLN CT.	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State DEERFIELD BEACH, FL	City & State
Zip 3343 / Country U.S.	Zip / Country

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

GEHRINGER, CHARLES J.
107 LINCOLN CT
POMPANO BEACH FL 33442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	GEHRINGER, CHARLES J.	
STREET ADDRESS	107 LINCOLN CT	
CITY-ST-ZIP	~~POMPANO BCH FL~~ DEERFIELD BEACH	
TITLE	D	☐ Delete
NAME	VEITENHAUS, THOMAS J.	
STREET ADDRESS	4260 S HOWELL AVE	
CITY-ST-ZIP	MILWAUKEE WI 53207	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 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: Charles J. Gehringer — 3/19/01 — 954-418-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #