

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90022 031 ***150.00

DOCUMENT # K58087

1. Entity Name

FLAGSHIP MARINE INSURANCE AGENCY, INC.

Principal Place of Business

**107 LINCOLN ST
 DEERFIELD BEACH FL 33443
 US**

Mailing Address

**PO BOX 788
 DEERFIELD BEACH FL 33443
 US**

2. Principal Place of Business

107 LINCOLN CT.

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

Zip

33443

Country

USA

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GEHRINGER, CHARLES J. 107 LINCOLN CT DEERFIELD BEACH 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LINDA A. VEITENHAUS 9850 GASPARILLA PASS BLVD. BOCA GRANDE, FL 33921	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SUSAN MAC DOUGAL 13588 CALVADES PL. SAN DIEGO, CA 92127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 954-418-0780

CR2E034 (9/01)