

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90074 022 \*\*\*150.00

**DOCUMENT # P97000055665**

1. Entity Name  
**GLOBAL COAST INSURANCE PREMIUM, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>3900 W. COMMERCIAL BLVD.<br/>         SUITE 200<br/>         FT LAUDERDALE FL 33309</b> | Mailing Address<br><b>3900 W. COMMERCIAL BLVD.<br/>         SUITE 200<br/>         FT LAUDERDALE FL 33309</b> |
|---|---|

**B0044091**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>1108 East Newport Center Dr</i> | 3. Mailing Address<br><i>1108 East Newport Center Dr</i> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                      |

|   |   |   |   |
|---|---|---|---|
| City & State<br><i>Boca Raton Florida</i> | City & State<br><i>Boca Raton Florida</i> | 4. FEI Number<br><b>65-0777618</b>                        | Applied For<br><input type="checkbox"/> |
| Zip<br><i>33486</i>                       | Country                                   | Country   | Not Applicable                          |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>UCC FILING &amp; SEARCH SERVICES, INC.<br/>         526 EAST PARK AVE.<br/>         STE. 200<br/>         TALLAHASSEE FL 32302</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (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, 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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>SMITH, ANDREW<br/>3900 W. COMMERCIAL BLVD.<br/>FT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>President, Sec., Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Smith, Andrew<br/>1108 East Newport Center Drive<br/>Deerfield Beach Florida 33442</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>SMITH, ANDREW<br/>3900 W. COMMERCIAL BLVD.<br/>FT LAUDERDALE FL 33309</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-22-01* Daytime Phone #: *561-750-9165*

CR2E034 (10/00)