

05-21-2002 91235 037 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000055665
 1. Entity Name ✓
GLOBAL COAST INSURANCE PREMIUM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1108 E. Newport Center Dr</u> Suite, Apt. #, etc.	3. Mailing Address <u>SAMA</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Deerfield Beach FL</u>	City & State	4. FEI Number <u>65-0777618</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33442</u>	Country <u>USA</u>	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name <u>JCA Filing & Search Services, Inc</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>526 E Park Avenue</u>	
Suite <u>200</u>	
City <u>Tallahassee</u>	Zip Code <u>FL 32302</u>

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.

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 <u>PSO</u> <u>SMITH, Andrew</u> <u>1108 E. Newport Center Drive</u> <u>Deerfield Beach FL 33442</u>	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other persons empowered.

SIGNATURE Andrew H Smith Date 4/30/02 Daytime Phone # (954) 596 4880

CR2E034B (12/01)