FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 10, 2003 8:00 am Secretary of State F96000002481 DOCUMENT # 04-10-2003 90085 017 ***150.00 COAST NATIONAL INSURANCE COMPANY Principal Place of Business Mailing Address 5701 STIRLING ROAD 5701 STIRLING ROAD DAVIE FL 33314-7431 DAVIE FL 33314-7431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 33-0246701 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMON, DON Street Address (P.O. Box Number is Not Acceptable) 5701 STIRLING ROAD **DAVIE FL 33314** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition CR2E034 (10/02) TITLE ☐ Delete TITLE HAMMOND, GREGORY NAME NAME 5701 STIRLING ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PN NAME SIMON, DONALD NAME STREET ADDRESS 5701 STIRLING ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 TITLE ☐ Delete TITLE Change ☐ Addition Vn. NAME BURTCH, DOUGLAS NAME **5701 STIRLING ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP TITLE **VD** Delete TITLE Change Addition GROTAC De Heer, NAME HAYNE, RICHARD NAME Rond STREET ADDRESS STREET ADDRESS 5701 55701 STIRLING ROAD CITY-ST-ZIP CITY-ST-ZIP DIVIC DAVIE FL 33314 TITLE Delete TITLE Change X Addition NAME NAME Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33314 DAVI TITLE Delete TITLE $\Lambda^{\lambda} \mathcal{D}$ Change Addition NAME NAME Noonan STREET ADDRESS STREET ADDRESS Rond 5701 CITY-ST-ZIE CITY-ST-ZIP

12. 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 of trustee empowered to export as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment

UIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-316-5200