2002 UNIFORM BUSINESS REPORT (UBR)

Aug 04, 2002 8:00 am Secretary of State H24167 DOCUMENT # 1. Entity Name 08-04-2002 90165 017 ***150.00 GOLD COAST INSURANCE CONSULTING, INC. Mailing Address Principal Place of Business 2506 EAGLE RON DR 2506 EAGLE RON DR WESTON FL 33327 WESTON FL 33327 US 3. Mailing Address 2. Principal Place of Business 2506 Eagle Run Dr 2506 Eagle Run Dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1110544 Not Applicable westo∩ weston Country \$8.75 Additional 5. Certificate of Status Desired us 3327 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLOOMFIELD, CPA R Street Address (P.O. Box Number is Not Acceptable) 1601 N PALM AVE **STE 203** Zip Code PEMBROKE PINES FL 33026 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition Delete TITLE TITLE RYBKA-KNISKERN, CHERYL A NAME NAME 2506 EAGLE RON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

. Entity North	Ċ	#H24167) TING. INC.						
risicipal Place 00 CORPORAT ITTE 203 ELLINGTON FI	TE CENTER V		Mailing Acktross 1500 Corporate Center Suite 203 Wellington FL 33414 US	R WAY		(1720	287	
Principal Pl 506 E Suite, Apt	ALLE !	RUN BRIVE	3. Mailing Address 2506 EAGL Suite, Apt #, etc.	E RW W	rive		DO NOT WHITE IN	THIS SPACE	
Cay & State		FL	City & State WESTON P		4, 1	El Number	31-1110544		Applied For Not Applicable
² °332		Country	33327	Country -		Certificate of Sta		Fee Ro	Additional juired
	6. Name	and Address of Current	Registered Agent	Namo	7. 1	terne and Addr	ess of New Rogisi	ored Agent	
BLOOMFIELD, CPA R 1601 N PALM AVE STE 203 PEMBROKE PINES FL 33026			Street Addréss (ddress (P.O. E	lux Number is N	ka Acceptable)		
						E			
				Chy				FL Zp	
		y submits this statement to	or the purpose of changing it	3 ragistered office o				DATE	
ICNATURE _ I, This corpo Yax (ling o	Signatura, tysani Matien is oligi	in prime in the important when the blue to satisfy its Intergible and cleats to do so.	FILE NOW After MAY 1, 2 Make Check Paya	/!!! FEE IS \$150. 001 Fee will be \$: ible to Departmen	00 550.00 It of State	10. Election Trust Ful	Compagn Financii nd Contribution	" a .	5,00 May Be added to Fees
ICNATURE _ I, This corpo Yax (ling o	Sipulare lymin exation is elig- requirement tria on back) C RYBKA, L	to product the second represent wheels blu to satisfy its Intergible and cleats to do so.	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS	TE Day survey Agent Suprat /!!! FEE IS \$150. 001 Fee will be \$	00 550.00 It of State	10. Election Trust Ful	Campaign Financi	" a .	IORS IN 11
IGNATURE	Sipulta Ignori equirement sia on back) C RYBKA, L 1500 COF WELLING	OFFICERS AND AWRENCE S. PORATE CENTER WA' TO person to supply the supply the supply to supply the sup	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS	IT Inquising Agent signs IIII FEE IS \$150. 001 Fee will be \$100 be to Departmen 12. THE HAME STREET ADDRESS CITY ST-ZP THE	00 550.00 It of State	10. Election Trust Ful	Compagn Financii nd Contribution	S AND DIREC	IORS IN 11
HGNATURE	C RYBKA, L 1500 COF WELLING PS RYBKA-KI 1500 COF	OFFICERS AND AWRENCE S. PORATE CENTER WA' FOR ATE CENTER WA' FOR FL. WISKERN, CHERYL A PORATE CENTER WA' FOR ATE CENTER WA'	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS Directors Directors	IT Insurance Agent signal IIII FEE IS \$150. 001 Fee will be \$1 ible to Departmen 12. IIILE HAME STREET ADDRESS CITY ST-ZIP	00 550.00 t of State	10. Election Trust Ful DITIONS/CHAI	Campaign Friancing Contribution NGES TO OFFICER	S AND DIREC	ddad to Fees IOHS IN 11 nge [] Addition
CNATURE , This Coupo	C RYBKA, L 1500 COP WELLING VT RYBKA, L 3690 ORA	OFFICERS AND AWRENCE S. PORATE CENTER WATER ISKERN, CHERYL A PORATE CENTER WATER INFORATE CENTER WATER INFORMATION INFORMAT	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS Docto Y 203	IT Inquising Agent signs IIII FEE IS \$150. OO1 Fee will be \$100 to Department 12. THE MAME STREET ADDRESS CITY ST. ZIP UILE NAME STREET ADDRESS	00 550.00 t of State	10. Election Trust Ful DITIONS/CHAI	Campaign Financii nd Contribution NCES TO OFFICER	S AND DIREC	dded to Foos IORS IN 11 IORS Addition III Addition
CNATURE , This coupe Yaw filing or (Soo criter). LE ME ME RET ADDRESS IY-SI-CP IC ME RCET ADDRESS IV-SI-DP LL ME RCET ADDRESS IV-SI-DP LL ME RCET ADDRESS	C RYBKA, L 1500 COP WELLING VT RYBKA, L 3690 ORA	OFFICERS AND AWRENCE S. PORATE CENTER WA PORA	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS Docto Y 203	IT Department Agent signal IIII FEE IS \$150. 001 Fee will be \$100 be to Department 12. THE HAME STREET ADDRESS CITY ST ZP HILE HAME STREET ADDRESS CITY-ST-ZIP THE HAME STREET ADDRESS CITY-ST-ZIP THE HAME STREET ADDRESS	00 550.00 t of State	10. Election Trust Ful DITIONS/CHAI	Campaign Friancing Contribution NGES TO OFFICER	S AND DIREC	dded to Foos IOFIS IN 11 nge
This coupe Yas Ging (See criter LE ME HEET ADDRESS Y-SI-UP LE ME HEET ADDRESS HEET ADDRESS Y-SI-UP LE ME HEET ADDRESS	C RYBKA, L 1500 COP WELLING VT RYBKA, L 3690 ORA	OFFICERS AND AWRENCE S. PORATE CENTER WATER ISKERN, CHERYL A PORATE CENTER WATER INFORATE CENTER WATER INFORMATION INFORMAT	FILE NOW After MAY 1, 2 Make Check Pays DIRECTORS Directors V 203	TE Department Agent signal FEE IS \$150. OO1 Fee will be \$10 bit to Department 12. Title HAME STREET ADDRESS CITY ST ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	00 550.00 t of State	10. Election Trust Ful DITIONS/CHAI	Campaign Friancing Contribution NGES TO OFFICER	S AND DIREC	ddod to Fons IOFIS IN 11 nge