

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90313 038 ***150.00

DOCUMENT # J12402

1. Entity Name
KAMIKAZE REINSURANCE OF FLORIDA, INC.



Principal Place of Business

**635 93 AVENUE NORTH
ST. PETERSBURG FL 33702**

Mailing Address

**635 93 AVENUE NORTH
ST. PETERSBURG FL 33702**

2. Principal Place of Business

635 93rd Avenue North
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 21377
Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33702

Country

U.S.A.

Zip

33742

Country

U.S.A.

4. FEI Number **59-2668386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARDNER, MERRITT A
2650 SUNTRUST FINANCIAL CENTRE
401 EAST JACKSON STREET
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HANDEL, JOHN K.**
STREET ADDRESS **635 93 AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **ST** ☐ Delete
NAME **HANDEL, GAIL E.**
STREET ADDRESS **635 93 AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gail E Handel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 727 576-1536

Date

Daytime Phone #

CR2E034 (10/02)