

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087791

1. Entity Name

SUNCOAST AUTO UNDERWRITERS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90231 049 ***150.00

Principal Place of Business

Mailing Address

~~835 MAIN STREET~~
SAFETY HARBOR FL 34695

~~835 MAIN STREET~~
SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

303 MAIN ST #1092
Suite, Apt. #, etc.

303 MAIN ST #1092
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SAFETY HARBOR

City & State
SAFETY HARBOR

4. FEI Number

59-3669306

Applied For

Not Applicable

Zip
FL

Country
PINELAS

Zip
34695

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASTEK, DALE E

~~835 MAIN STREET~~ 303 MAIN ST #1092
SAFETY HARBOR FL 34695

Name

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

City

FL

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

[Signature]

4/9/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHASTEK, DALE E
~~835 MAIN STREET~~ 303 MAIN ST #1092
SAFETY HARBOR FL 34695

TITLE
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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

Daytime Phone #

CR2E034 (10/00)