

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
 03-02-2001 90059 033 \*\*\*150.00

DOCUMENT # P00000088296

1. Entity Name  
**SUNCOAST COMMERCIAL UNDERWRITERS, INC.**

Principal Place of Business Mailing Address  
~~895 MAIN ST.~~ ~~895 MAIN ST.~~  
~~SAFETY HARBOR FL 34695~~ ~~SAFETY HARBOR FL 34695~~  
**- 303 MAIN STREET -**  
**SAFETY HARBOR, FL 34695**

2. Principal Place of Business 3. Mailing Address  
~~Box 1092~~ ~~Box 1092~~  
**SAFETY HARBOR FL 34695**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SAFETY HARBOR** **SAFETY HARBOR**

City & State City & State  
**FLORIDA** **FLA, 34695**

Zip Country Zip Country  
**34695** **PINEHURST** **34695** **PINEHURST**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**59-3669307** Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHASTEK, DALE E**  
~~895 MAIN ST.~~ **Box 1092**  
~~SAFETY HARBOR FL 34695~~ **SAFETY HARBOR**  
**FLA, 34695**

7. Name and Address of New Registered Agent  
 Name **<SAME AGENT>**  
 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 *D Chastek* (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. ☐ (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  
 TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **CHASTEK, DALE E**  
 CITY-ST-ZIP **895 MAIN ST 303 MAIN STREET SAFETY HARBOR FL 34695**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *D Chastek* **2/23/01** **-MAIL ONLY-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)