

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000027589

FILED
Apr 29, 2003
Secretary of State

Entity Name: OLDE COAST RISK MANAGEMENT, INC.

Current Principal Place of Business:

11247 SAN JOSE BLVD
#1201
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11247 SAN JOSE BLVD
#1201
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3707566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOHN, JAMES
11247 SAN JOSE BLVD
#1201
JACKSONVILLE, FL 32223

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPOHN, JAMES
Address: 11247 SAN JOSE BLVD #1201
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: SPOHN, JAMES D PRES
Address: 11247 SAN JOSE BLVD #1201
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D SPOHN

PRES

04/29/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date