

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058180

1. Entity Name
COVE INSURANCE, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90260 050 ***150.00

Principal Place of Business

1201 US HWY 1
46
N PALM BEACH FL 33408
US

Mailing Address

1201 US HWY 1
46
N PALM BEACH FL 33408
US

80083751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0530068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIGGINS, CHARLES R
701 N POINT PKWY
300
W PALM BCH FL 33407

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PST	<input type="checkbox"/> Delete
NAME	HIGGINS, CHARLES R	
STREET ADDRESS	701 N POINT PKWY, 300	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, CHARLES R	
STREET ADDRESS	701 N POINT PKWY, 300	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-01 561-694-0102
Date Daytime Phone #

CR2E034 (5/01)



Cove Insurance

Attachment
Doc # P93000058180
AUG3151

August 31, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Cove Insurance, Inc.
Document # P93000058180

To Whom It May Concern:

Please be advised that Cove Insurance, Inc. did not receive the first request for the 2001 Uniform Business Report and would appreciate it if you would waive the \$400 late filing fee.

Your assistance in this matter is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Charles R. Higgins".

Charles R. Higgins