2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045017 1. Entity Name

GSB INSURANCE, INC.

Principal Place of Business

-- U.S. 1 SOUTH

-- AUGUSTINE FL 32086

Mailing Address

665 INTRACOASTAL CIRCLE ST AUGUSTINE FL 32095-8032

2. Principal Place of Business 3. Mailing Address c

FILED Jul 07, 2000 8:00 am Secretary of State

07-07-2000 90406 035 ***150.00



SAME AS Above		Same As Above Suite, Apt. #, etc.) I TRANSCAST FOR INSERT BEINGS WEIGHT WARRE SHAFFE NO MICH. SHAFFE BETWEEN HOURS HARE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE	
City & State	9	City & State		4. FEI Number 59-3256660		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registers	ed.Agent	
		<u> </u>	Name			
BAILEY, GREGORY S 665 INTRACOASTAL CIRCLE			Street Address (P.O. Box Number is Not Acceptable)			
ST A	UGUSTINE FL 32095		City		Zip Code	
				<u>′</u>	Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	Registered Agent signature requir	ered agent, or both, in the State of Florida. ad when reinstating) DAT	E	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FEE (S \$150.00 Fee will be \$550.00 to Department of Si	I HUSEFUNG CONTRIBUTION.		O May Be to Fees
11,	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bailey, Gregory S 665 Intracoastal Circle St Augustine Fl 32095	☐ Delete	NAME STREET ADDRESS CHY-ST-ZIP		Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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: