

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070734

1. Entity Name

GULF COAST PREMIUM FINANCE COMPANY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90236 039 ***150.00

Principal Place of Business

Mailing Address

1560 PORT AVENUE
NAPLES FL 34104
US

PO BOX 771089
NAPLES FL 34107-1089
US

2. Principal Place of Business

10044 VANDERBILT DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34108

Country

USA

Zip

Country

4. FEI Number

65-0499727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOMSEN, JUDY L
1560 PORT AVENUE
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name Momsen, Judy L.

Street Address (P.O. Box Number is Not Acceptable)
10044 VANDERBILT DR

City Naples

FL

Zip Code 34108

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 *Judy L. Momsen*

Judy L. Momsen President 1/7/2000

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

(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, 2000 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 D ☐ Delete
NAME MOMSEN, JUDY L
STREET ADDRESS 1560 PORT AVENUE
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME MOMSEN, JUDY L.
STREET ADDRESS 10044 VANDERBILT DR.
CITY-ST-ZIP Naples, FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

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: *Judy L. Momsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judy L. Momsen 1/7/2000 941-513-9600