

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

0540518

DOCUMENT # P94000070734

1. Entity Name

GULF COAST PREMIUM FINANCE COMPANY, INC.

01-25-2001 90094 001 ***150.00
 01-25-2001 90094 002 *****8.75

Principal Place of Business
10044 VANDERBILT DR
NAPLES FL 34108
US

Mailing Address
PO BOX 771089
NAPLES FL 34107-1089
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0400727**
65-0527545

Applied For

Not Applicable

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

MOMSEN, JUDY L
10044 VANDERBILT DR
NAPLES FL 34108

Name **Judy L. Cuomo**

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 Cuomo Judy Cuomo

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

(NOTE: Registered Agent signature required when reinstating)

01/16/2001
 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 **D** ☐ Delete
 NAME **MOMSEN, JUDY L**
 STREET ADDRESS **10044 VANDERBILT DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
 NAME **Judy Cuomo**
 STREET ADDRESS **10044 VANDERBILT DR**
 CITY-ST-ZIP **NAPLES FL 34108**

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

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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 Cuomo President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/16/2001

Daytime Phone # 941-513-9600

CR2E034 (10/00)