

2002 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90030 012 ***150.00

DOCUMENT # P97000020073

1. Entity Name

GULFSTREAM AUTO INSURANCE, INC.

Principal Place of Business

1670 S.E. PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34952

Mailing Address

1670 S.E. PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34952

2. Principal Place of Business

47 E. Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address

47 E. Ocean Blvd
Suite, Apt. #, etc.

City & State

Stuart FL

Zip
34994

Country
USA

City & State

Stuart FL

Zip
34994

Country
USA

4. FEI Number

65-0728365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYFIELD, GEOFFREY E
1670 S.E. PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name KASTEN, MARK J.

Street Address (P.O. Box Number is Not Acceptable)
10460 SE Silver Palm Way

City Tequesta

FL

Zip Code
33469

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

Mark J. Kastan

2-25-02

Signature, typed 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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	MAYFIELD, JEFFREY E	
STREET ADDRESS	1670 S.E. PORT ST. LUCIE BOULEVARD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARTIN III, CHARLES P.	
STREET ADDRESS	5332 PENNOCK POINT Rd.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KASTEN, MARK J.	
STREET ADDRESS	10460 SE SILVER PALM WAY	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUTCHINSON, TODD P.	
STREET ADDRESS	248 BARBADOS DR.	
CITY-ST-ZIP	JUPITER FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, PATRICIA W.	
STREET ADDRESS	3770 SW SUNSET TRACE CR.	
CITY-ST-ZIP	PAUM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

Mark J. Kastan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

561 746 4546

Daytime Phone #

CR2E034 (9/01)