

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90028 043 ***150.00

DOCUMENT # P99000014459

1. Entity Name
 SEACOAST MARINE INSURANCE, INC.

Principal Place of Business
 1640 W.Oakland Park Blvd.
 Suite 304
 Ft.Lauderdale, Fl. 33311

Mailing Address
 1640 W.Oakland Park Blvd.
 Suite 304
 Ft.Lauderdale, Fl. 33311

2. Principal Place of Business
 1640 W.Oakland Park Blvd
 Suite, Apt. #, etc.
 Suite 304
 City & State
 Ft.Lauderdale, Florida
 Zip
 33311

3. Mailing Address
 1640 W.Oakland Park Blvd
 Suite, Apt. #, etc.
 Suite 304
 City & State
 Ft.Lauderdale, Florida
 Zip
 33311

4. FEI Number
 65-0904794

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Joseph P. Klapholz, Esq.
 Manella & Klapholz, LLP
 2500 Hollywood Boulevard, Suite 212
 Hollywood, Fl. 33020

7. Name and Address of New Registered Agent

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 _____ (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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/VP/S/T	BERG, Joel	1640 W.Oakland Park Blvd, # 304	Ft.Lauderdale, Fl. 33311	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **JOEL BERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2002 A. BERG MAY 3 19/00 984-

Daytime Phone # 250-9877