

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90051 015 \*\*\*150.00

**00046236**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000014459  
**1. Entity Name** SEACOAST MARINE INSURANCE, INC.

**Principal Place of Business**  
 1640 W.Oakland Park Blvd.  
 Suite 304  
 Fort Lauderdale  
 Florida 33311

**Mailing Address**  
 1640 W.Oakland Park Blvd.  
 Suite 304  
 Fort Lauderdale  
 Florida 33311

**2. Principal Place of Business**  
 1640 W.Oakland Park Blvd.  
 Suite, Apt. #, etc.  
 Suite 304

**3. Mailing Address**  
 1640 W.Oakland Park Blvd.  
 Suite, Apt. #, etc.  
 Suite 304

**City & State**  
 Fort Lauderdale 33311

**City & State**  
 Fort Lauderdale 33311

**Zip** 33311 **Country** USA

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**4. FEI Number** 65-0904794

**Applied For**  
 Not Applicable

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 A. Berg, President **Date:** 4/17/01 **Daytime Phone #:** 954-730-9877

CR25034 (1/00)