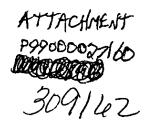
2000 UNIFORM BUSINESS REPORT (UBR)

SIGNOTURE AND TY ED OF PRINTED NAME OF SIGN

FILED DOCUMENT # P99000027160 Aug 14, 2000 8:00 am Secretary of State GULFSIDE INSURANCE INC. 07-20-2000 90019 008 ***150.00 Mailing Address Principal Place of Business 786 BEAL PARKWAY 786 BEAL PARKWAY SUITE 38 SUITE 3B FT. WALTON BEACH FL 32547 FT, WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *5*9.3566556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOLSE, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 3639 QUAIL RUN ROAD **GULF BREEZE FL 32561** Zip Code FL 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. 7-1.00 <u>Anie I</u> FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing regulrement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President TITLE ☐ Change ☐ Addition 9000 TITLE ☐ Delete DANIEL E FOISE 8639 QUALL RUN RJ NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GIVIF BREEZE FI. 32561 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP . Change ☐ Addition litte Delete NAME NAME STREET ADDRESS STREET ADDINESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-712 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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: (7.1.00

M. To



Gulfside Insurance Inc.

786 Beal Parkway Suite 3B Ft. Walton Beach FL 32547 phone-(850)862-8644 fax-(850)862-5634

TO: . - DEPARTMENT OF STATE

RE:

LATE FILING

FROM:

GULFSIDE INSURANCE/ DANIEL E FOLSE

I RECEIVED A SECOND NOTICE FOR MY COMPANIES UNIFORM BUSINESS REPORT ON 7.1.00 STATING THAT IT WAS LATE AND AN ADDITIONAL \$400.00 WAS REQUIRED AS A FEE. I NEVER RECEIVE A FIRST NOTICE SO I CALLED THE NUMBER ON THE FORM. THE INDIVIDUAL AT YOUR OFFICE TOLD ME TO SEND IN A LETTER EXPLAINING THAT FACT WITH THE ORIGINAL FEE OF \$150.00. THIS IS MY FIRST YEAR OWNING MY OWN COMPANY AND I WANT THINGS TO GO AS SMOOTHLY AS POSSIBLE, I WOULD APPRECIATE YOUR HELP IN THIS MATTER. IF THERE IS NOTHING YOU CAN DO PLEASE NOTIFY ME AND I WILL PROMPTLY REMIT ANY ADDITIONAL FUNDS. THANK YOU IN ADVANCE.

Daniel E Folse