

2000 UNIFORM BUSINESS REPORT (UBR)

7

DOCUMENT # P99000027160

1. Entity Name

GULFSIDE INSURANCE INC.

R

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-20-2000 90019 008 ***150.00

Principal Place of Business
786 BEAL PARKWAY
SUITE 38
FT. WALTON BEACH FL 32547

Mailing Address
786 BEAL PARKWAY
SUITE 38
FT. WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3566556

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

FOLSE, DANIEL E
3839 QUAIL RUN ROAD
GULF BREEZE FL 32561

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

DANIEL E. FOISE

7.1.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
DANIEL E. FOISE
3839 QUAIL RUN RD
GULF BREEZE FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.1.00

(850) 862-8644

Date

Daytime Phone #

CR2E034 (5/00)

Gulfside Insurance Inc.

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

ATTACHMENT
P99000027160
~~XXXXXXXXXX~~
309/42

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