

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027160

1. Entity Name
GULFSIDE INSURANCE INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90314 021 ***150.00

Principal Place of Business
786 BEAL PARKWAY
SUITE 3B
FT. WALTON BEACH FL 32547

Mailing Address
786 BEAL PARKWAY
SUITE 3B
FT. WALTON BEACH FL 32547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3566556		Applied For	
Suite, Apt., #, etc.		Suite, Apt., #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FOLSE, DANIEL E 3639 QUAIL RUN ROAD GULF BREEZE FL 32561				Name DANIEL E. FOLSE Street Address (P.O. Box Number is Not Acceptable) 3611 QUAIL RUN ROAD City GULF BREEZE FL Zip Code 32561			

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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P FOLSE, DANIEL E	TITLE	PRESIDENT FOLSE, DANIEL E
NAME		NAME	3639 FOLSE, DANIEL E
STREET ADDRESS	8639 QUAIL RUN RD	STREET ADDRESS	3639 QUAIL RUN ROAD
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	GULF BREEZE FL 32561
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: DANIEL E. FOLSE Date: 3.1.01 Daytime Phone #: 850-862-8644

CR2E034 (10/00)