## 2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000102351

Entity Name: COASTAL INSURANCE UNDERWRITERS, INC.

FILED Feb 19, 2016 Secretary of State CC8022202883

## **Current Principal Place of Business:**

816 HIGHWAY A1A NORTH

SUITE 206

PONTE VEDRA BEACH, FL 32082

## **Current Mailing Address:**

PO BOX 3140

PONTE VEDRA BEACH, FL 32004 US

FEI Number: 26-1085237 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BUSHONG, CHARLES R 816 HIGHWAY A1A NORTH SUITE 206 PONTE VEDRA BEACH, FL 32082 US

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: CHARLES R. BUSHONG 02/19/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR, TREASURER Title SECRETARY, DIRECTOR

Name BUSHONG, CHARLES R Name LETO, FAYE MC

Address 816 HIGHWAY A1A NORTH, SUITE 206 Address 816 HIGHWAY A1A NORTH, SUITE 206

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR Title DIRECTOR, VP

Name COMBS, KELLIE L Name BUSHONG, KIMBERLY L.

Address 816 HIGHWAY A1A NORTH Address 816 HIGHWAY A1A NORTH

SUITE 206 SUITE 206

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FAYE M.C. LETO SECRETARY 02/19/2016