

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102351

Entity Name: COASTAL INSURANCE UNDERWRITERS, INC.**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

02/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, TREASURER

Name BUSHONG, CHARLES R

Address 816 HIGHWAY A1A NORTH, SUITE 206

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR, VP

Name BUSHONG, MELISSA V

Address 816 HIGHWAY A1A NORTH, SUITE 206

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY, DIRECTOR

Name LETO, FAYE MC

Address 816 HIGHWAY A1A NORTH, SUITE 206

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name BUSHONG, KELLIE L

Address 816 HIGHWAY A1A NORTH
SUITE 206

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name BUSHONG, KIMBERLY L.

Address 816 HIGHWAY A1A NORTH
SUITE 206

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

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date