

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 251653

1. Entity Name
PREMIUM ASSIGNMENT CORPORATION

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90005 006 ***150.00

Principal Place of Business

**3522 THOMASVILLE ROAD
SUITE 400
TALLAHASSEE FL 32315-3066
US**

Mailing Address

**P.O. BOX 3066
TALLAHASSEE FL 32315
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0994720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KUGELMANN, PETER
3522 THOMASVILLE RD
SUITE 400
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

N/A

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

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 \$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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, KIMBERLY M. 3522 THOMASVILLE ROAD TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOUMBELIS, ANITA 3522 THOMASVILLE RD. TALLAHASSEE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, LOWELL 3522 THOMASVILLE RD TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, JOHN 3522 THOMASVILLE ROAD TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELENEY, SARAH 3522 THOMASVILLE ROAD TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KOEHN, GEORGE W 3522 THOMASVILLE ROAD TALLAHASSEE FL	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
see attached	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

Kimberly M. Lee Kimberly M. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 16, 2001 850-907-5323

CR2E034 (10/00)