

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90227 045 \*\*\*150.00

**DOCUMENT # 290181**  
**1. Entity Name**  
**NATIONAL PREMIUM BUDGET PLAN CORPORATION**

<b>Principal Place of Business</b> 405 N. REO ST. 220 TAMPA FL 33609 US	<b>Mailing Address</b> 405 N. REO ST. 220 TAMPA FL 33609 US
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<b>2. Principal Place of Business</b> 5805 Breckenridge Pkwy	<b>3. Mailing Address</b> 5805 Breckenridge Pkwy
Suite, Apt. #, etc. #A	Suite, Apt. #, etc. #A

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Tampa Fl	<b>City &amp; State</b> Tampa Fl	<b>4. FEI Number</b> 59-1061650	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33610	<b>Country</b> USA	<b>Zip</b> 33610	<b>Country</b> USA

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  GREEN, LEONARD J 405 N. REO ST. 220 TAMPA FL 33609	<b>7. Name and Address of New Registered Agent</b> Name Leonard J Green Street Address (P.O. Box Number is Not Acceptable) 5805 Breckenridge Pkwy #A City Tampa FL Zip Code 33610
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**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 **Leonard J Green** **1/24/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREEN, LEONARD 405 N. REO #220-5 TAMPA FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Leonard Green 5805 Breckenridge Pkwy #A Tampa Fl 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ENGRER, VINCENT 405 N. REO ST. #220 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Vincent Engerer 5805 Breckenridge Pkwy #A Tampa Fl 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHINITZ, MELVIN 405 N. REO ST. #220 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Melvin Chinitz 5850 Breckenridge Pkwy #A Tampa Fl 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** **Melvin W. Chinitz** **1/24/02** **248 478-6340**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)