

P94000053936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

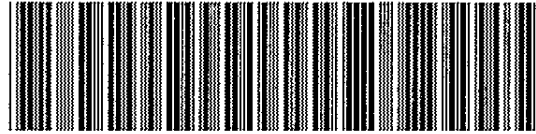
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Statewide Premium Finance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P94000053936

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Shaw
(Name of Person)

Statewide Premium Finance, Inc.
(Name of Firm/Company)

2825 N. University, Suite 300
(Address)

Coral Spring, Florida 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Shaw at (954) 510-8008
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2007

KAREN SHAW
STATEWIDE PREMIUM FINANCE, INC.
2825 N. UNIVERSITY DRIVE - SUITE 300
CORAL SPRINGS, FL 33065

SUBJECT: STATEWIDE PREMIUM FINANCE, INC.
Ref. Number: P94000053936

We have received your document for STATEWIDE PREMIUM FINANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show JAMES W. BLAKE as TSV please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 007A00050540

*Jill/KG
same person*

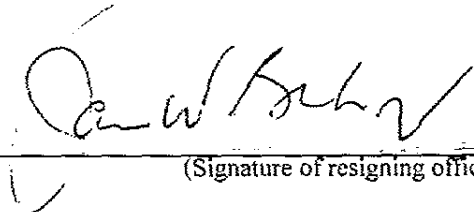
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jim Blake, hereby resign as VTS
(Title)

of Statewide Premium Finance, Inc.
(Name of Corporation)

P94000053936, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 16 AM 8:19

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314