

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053936

Entity Name: STATEWIDE PREMIUM FINANCE, INC.**Current Principal Place of Business:**1551 SAWGRASS CORPORATE PKWY STE 130
SUNRISE, FL 33323**Current Mailing Address:**1551 SAWGRASS CORPORATE PKWY STE 130
SUNRISE, FL 33323**FEI Number:** 65-0516148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAICOVICH, MONIQUE
1551 SAWGRASS CORPORATE PKWY STE 130
SUNRISE, FL 33323 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	RAICOVICH, MONIQUE
Address	1551 SAWGRASS CORPORATE PARKWAY SUITE 130
City-State-Zip:	SUNRISE FL 33323
Title	DIRECTOR
Name	MARCUS, JAMES
Address	1551 SAWGRASS CORPORATE PARKWAY SUITE 130
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR, PRESIDENT
Name	CAMBI, JOSEPH
Address	1551 SAWGRASS CORPORATE PARKWAY SUITE 130
City-State-Zip:	SUNRISE FL 33323
Title	SECRETARY/TREASURER
Name	SAMMATARO, DEBORAH
Address	1551 SAWGRASS CORPORATE PKWY STE 130
City-State-Zip:	SUNRISE FL 33323

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: JOSEPH CAMBI**PRESIDENT****01/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date