## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **373050** 1. Entity Name TBM PREMIUM FINANCE, INC. 04-24-2000 90146 048 \*\*\*150.00 Principal Place of Business Mailing Address 400 EAST CENTRAL BLVD 400 EAST CENTRAL BLVD ORLANDO FLA 32801-1923 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1363694 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER, J WALTER J Street Address (P.O. Box Number is Not Acceptable) **400 E CENTRAL BLVD** ORLANDO FL 32802 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition **VS** Change ☐ Delete TITLE TITLE TUCKER, JOHN W III MARKE STREET ADDRESS 400 EAST CENTRAL BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-7IP ☐ Addition ☐ Change ☐ Defete TITLE TUCKER JR, J WALTER NAME NAME **400 EAST CENTRAL BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 00000 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE BRANHAM, J T J NAME NAME STREET ADDRESS **400 EAST CENTRAL BLVD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Change Addition ☐ Delete TITLE TITLE MCCRAINE, C LARRY NAME NAME STREET ADDRESS 400 E CENTRAL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

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Daytime Phone #