2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 08:00 AM **DOCUMENT # 542570** 1. Entity Name **Secretary of State** UNIVERSAL ACCEPTANCE CORPORATION Principal Place of Business Mailing Address PO BOX 15707 PO BOX 15707 ST PETERSBURG ST PETERSBURG FL FL 33733 33733 US 2. Principal Place of Business 3. Mailing Address 360 CENTRAL AVE. 360 CENTRAL AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST PETERSBURG FL ST PETERSBURG FL 59-1785978 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELANO, G. KRISTIN 360 CENTRAL AVE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG \mathbf{FL} 33701 Zip Code FL 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. 02/14/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DEVP TITLE ☐ Detete ☐ Change ☐ Addition MENKE ROBERT G NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG \mathbf{FL} CITY-ST-ZIP TITLE N Delete TITLE ☐ Change ☐ Addition NAME DAVIS HOWARD B NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIF ST PETERSBURG FI. CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME DELANO, G. KRISTIN NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG CITY-ST-ZIP TITLE ☐ Defete DCP TITLE ☐ Change ☐ Addition NAME MENKE, ROBERT M. NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL, CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME MEEHAN, DAVID K. NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FLCITY-ST-ZIP TITLE DT TITLE ☐ Delete Change ☐ Addition NAME HUSSEMANN, EDWIN C. NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG CITY-ST-7/8

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.

FILED