

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90103 004 \*\*\*150.00

DOCUMENT # 838511

1. Corporation Name

UNIVERSAL PREMIUM ACCEPTANCE CORPORAITON



Principal Place of Business

8245 NIEMAN  
STE 100  
LENEXA KS 66214  
US

Mailing Address

8245 NIEMAN RD NIEMAN  
STE 100  
LENEXA KS 66214  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1977

4. FEI Number

43-0908552

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☒ DELETE  
NAME O'NEIL, TIMOTHY  
STREET ADDRESS 8245 NIEMAN RD STE 100  
CITY-ST-ZIP LENEXA KS 66214

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME KURT W. HOFFMAN  
1.3 STREET ADDRESS 8245 NIEMAN ROAD, SUITE 100  
1.4 CITY-ST-ZIP LENEXA KS 66214

TITLE VP ☐ DELETE  
NAME SERPE, LEROY A NIEMAN  
STREET ADDRESS 8245 NIEMAN RD STE 100  
CITY-ST-ZIP LENEXA KS 66214

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME HICKMAN, RANDALL DL NIEMAN  
STREET ADDRESS 8245 NIEMAN RD STE 100  
CITY-ST-ZIP LENEXA KS 66214

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MCCARTER, C. TED  
STREET ADDRESS 8245 NIEMAN, STE 100  
CITY-ST-ZIP LENEXA KS 66214

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FULTZ, MARK A  
STREET ADDRESS 8245 NIEMAN, STE 100  
CITY-ST-ZIP LENEXA KS 66214

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME FOLTZ  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE  
NAME TIMOTHY D'NEIL  
STREET ADDRESS 8245 NIEMAN RD, STE 100  
CITY-ST-ZIP LENEXA KS 66214

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)