## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 838511 DOCUMENT #

1. Entity Name

UNIVERSAL PREMIUM ACCEPTANCE CORPORAITON

## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90964 015 \*\*\*150.00

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  City  FL Zip C  City  FL Zi	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANCE City & State   City & State   4. FEI Number 43-0908552   Fee Requ  Zip   Country   Zip   Country   5. Cartificate of Status Desired   \$8.75 £ Fee Requ  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   CORPORATION SERVICE COMPANY   1201 HAYS STREET  TALLAHASSEE FL 32301   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Ct  City   FL   Zip Ct  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL 32301   City   FL   Zip Ct  Street Address (P.O. Box Number is Not Acceptable)  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. I em familiar with the obligations of missigned agent and size registered office or registered agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of missigned agent, or both, in the State of Florida. I em familiar with the obligations of Not Acceptable of Flori	
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Signarura Signarura of Payable to Florida Department of State  FILE NOW!! FEE IS \$150.00 After May 1, 203 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  PHUFFMAN, KURT W SIREET ADDRESS  O'NEIL, TIMOTHY  SEREFA ADDRESS  O'NEIL, TIMOTHY  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  O'NEIL, TIMOTHY  SIREET ADDRESS  SIREET ADDRE	Applied For
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  Gity  Gity  FL  Zip Co  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. I am familiar with the obligations of moistured agent.  SIGNATURE  Signature, speed or private named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of moistured agent and the Fapilicable.  (NOTE Registered Agent signature required when resistating)  DATE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  Add  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  Add  Change  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  ITTLE  VP  STREET ADDRESS  CITY-ST-2IP  ITTLE  NAME  STREET ADDRESS  CITY-ST-2IP  Change  STREET ADDRESS  CITY-ST-2IP  CHANGE  O'NEIL, TIMOTHY  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  CHANGE  O'NEIL, TIMOTHY  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  CHANGE  O'NEIL, TIMOTHY  STREET ADDRESS  CITY-ST-2IP  Change  STREET ADDRESS	-
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TALLAHASSEE FL 32301  City  FL Zip Cc  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent a	м,
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12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TUTRERANDALL D. HICKMAN 2-140) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

913-894-6150