

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006913

1. Entity Name

N.P. PREMIUM FINANCE COMPANY

FILED

Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90334 035 \*\*\*150.00

Principal Place of Business

28819 FRANKLIN ROAD, PO BOX 2223  
SOUTHFIELD MI 48037-2223

Mailing Address

28819 FRANKLIN ROAD, PO BOX 2223  
SOUTHFIELD MI 48037-2223

2. Principal Place of Business

28819 FRANKLIN ROAD

Suite, Apt. #, etc.

SUITE #300

City & State

SOUTHFIELD, MICHIGAN

Zip

48034-1656

Country

USA

3. Mailing Address

28819 FRANKLIN ROAD

Suite, Apt. #, etc.

P.O. BOX 2223

City & State

SOUTHFIELD, MICHIGAN

Zip

48037-2223

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

38-2742963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKINNER, GREGORY  
10199 SOUTHSIDE BLVD., SUITE 200  
JACKSONVILLE FL 32256-0757

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CDP ☐ Delete  
NAME PETCOFF, JAMES G  
STREET ADDRESS 5853 CLEARVIEW COURT  
CITY-ST-ZIP TROY MI 48098

TITLE VC ☐ Delete  
NAME PETCOFF, B. MATTHEW  
STREET ADDRESS 5070 BROOKDALE  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48114

TITLE S ☒ Delete  
NAME JUNE, STEPHEN C  
STREET ADDRESS 11745 BRANDYWINE  
CITY-ST-ZIP BRIGHTON MI 48114

TITLE DT ☐ Delete  
NAME BERRY, JOHN H  
STREET ADDRESS 30510 GREEN ACRES  
CITY-ST-ZIP FARMINGTON HILLS MI 48334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
NAME JUDITH A. WIKMAN  
STREET ADDRESS 28819 FRANKLIN ROAD, SUITE #300  
CITY-ST-ZIP SOUTHFIELD, MICHIGAN 48034-1656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN H. BERRY, TREASURER

CR2E034 (10/00)