

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90054 037 ***150.00

0649637 AT

DOCUMENT # F00000006913

1. Entity Name
N.P. PREMIUM FINANCE COMPANY



Principal Place of Business
**28819 FRANKLIN ROAD SUITE #300
SOUTHFIELD MI 48037-2223**

Mailing Address
**28819 FRANKLIN ROAD, PO BOX 2223
SOUTHFIELD MI 48037-2223**

60007964



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2742963**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CDP	PETCOFF, JAMES G	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5853 CLEARVIEW COURT	STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48098	CITY-ST-ZIP	
VD	PETCOFF, B. MATTHEW	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5070 BROOKDALE	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48114	CITY-ST-ZIP	
DT	BERRY, JOHN H	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	30510 GREEN ACRES	STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI 48334	CITY-ST-ZIP	
S	WIKMAN, JUDITH A	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	28819 FRANKLIN ROAD SUITE #300	STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48034-1656	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H Berry Berry - Treasurer 1-6-03 248-358-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)