2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State F96259 DOCUMENT # 05-07-2002 90250 020 ***150 00 PROGRAM UNDERWRITERS FINANCING, INC. Principal Place of Business Mailing Address 3700 COCONUT CREEK PARKWAY 3700 COCONUT CREEK PARKWAY SUITE 200 SUITE 200 COCONUT CREEK FL 33066-1616 COCONUT CREEK FL 33066-1616 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2236369 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZISSELMAN, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 3700 COCONUT CREEK PARKWAY SUITE 200 **COCONUT CREEK FL 33066** City Zip Code Fi 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 CR2E034 (9/01) ☐ Delete TITLE ☐ Addition 5823 N.W. 119 DRIVE CORAL SPRINGS, FL 33076 NAME BUTO, DONNA M NAME 11400 NW 56 DR. APT. 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33076** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME **BUTO. STEPHEN** NAME STREET ADDRESS 11184 LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPGS FL 33071 CITY-ST-ZIP Defete : TITLE ~ Change □ Addition ZISSELMAN, ARNOLD NAME NAME STREET ADDRESS 3931 NW 27 AVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 supplication and it 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 11 or Block 12 if

SIGNATURE:

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