FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

DOCUMENT # F97000004958						05-14-2002 90351 021 ***150.00			
CHARLESTON PREMIUM FINANCE COMPANY									
	OO NOT WRITE	IN THIS SE	PAC	E			·		
Principal Place of Business 3. Mailing Address				:	_				
3035 S. Church Street		3035 S. Church Street							
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	<u> </u>	P.O. Box 286 City & State			4. F	El Number		Applied For	
Burlington, NC		Burlington, NC		5	66-1675291		Not Applicable		
Zip	Country	Zip	Coun	- ·	5. (Certificate of Status Desired	\$8.75 Fee Red	Additional	
27216	USA	27216	U	SA	7 Na	me and Address of Current Registered		<u> </u>	
	* •			Name	,7. 744	21071001000		****	
					PORATION SYSTEM				
IN THIS SPACE					ss (P.O. Box Number is Not Acceptable) South Pine Island Road				
	,	City			FL	Zip	Code		
				Planta			• <u>33</u>	324	
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.									
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	January 1 - May 1 Fer After May 1, Fee is Amended UBR is Make Check Payable to De		s \$550.00 s \$61.25	tate	Election Campaign Financing Trust Fund Contribution,		55.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS		/					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Tapley O. Jr. 3035 S. Church Street Burlington, NC 27215			₽	•	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Henderson, James D. 3035 S. Church Street Burlington, NC 27215								
TITLE NAME STREET ADDRESS CITY+ST-ZIP	ST Johnson, Tapley,OJ;III. 3035 S. Church Street Burlington, NC 27215		1	- 22 graph - 22	- 4 -	DO NOT WRI	TE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME			E EET ADDRESS -ST-ZIP		IN THIS SPA	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				k I					

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ER OF DIRECTOR

800-334-5579