

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 24, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # M92209****1. Entity Name**  
**SUNCOAST PREMIUM FINANCE, INC.**

Principal Place of Business	Mailing Address
696 1ST AVE., N. SUITE 201 ST. PETERSBURG 33701 US	696 1ST AVE., N. SUITE 201 ST. PETERSBURG 33701 US

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-2906321**Applied For  
Not Applicable**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****WILKINSON, G. BARRY**  
**696 1ST AVENUE NORTH, STE. 201****ST. PETERSBURG** **FL**  
**33701** **US**

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)

**01/24/2000**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DT	<input type="checkbox"/> Delete
NAME	WILKINSON, G. BARRY	
STREET ADDRESS	9925 ULMERTON ROAD, LOT 32	
CITY-ST-ZIP	LARGO FL	

TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKINSON G. BARRY		
STREET ADDRESS	256 145TH AVENUE EAST		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		

TITLE	DPS	<input type="checkbox"/> Delete
NAME	WILKINSON, GREGORY T	
STREET ADDRESS	1477 EAST APPLE AVE	
CITY-ST-ZIP	MUSKEGON MI	

TITLE	DPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKINSON GREGORY T		
STREET ADDRESS	1477 EAST APPLE AVE		
CITY-ST-ZIP	MUSKEGON MI		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other like empowered.****SIGNATURE** Gregory T. Wilkinson

P 01/24/2000