

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94389

1. Entity Name
SUNBELT PREMIUM FINANCE, INC.

Principal Place of Business
5210-B N. NEBRASKA AVE., SUITE 102
P.O. BOX 7805
TAMPA FL 33673-4805

Mailing Address
5210-B N. NEBRASKA AVE., SUITE 102
P.O. BOX 7805
TAMPA FL 33673-4805

2. Principal Place of Business
32939 COLLEGE AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 189
Suite, Apt. #, etc.

City & State
SAN ANTONIO FL
Zip
33576
Country
PASCO

City & State
SAN ANTONIO FL
Zip
33576
Country
PASCO

4. FEI Number 59-2918173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIDILI, PAUL PETER
32939 COLLEGE AVE
SAN ANTONIO FL 33576

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIDILI, PAUL PETER 32939 COLLEGE AVE SAN ANTONIO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD VINA, MARLIN 11057 SPRINGRIDGE DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIDILI, DENISE O'LEARY 32939 COLLEGE AGE SAN ANTONIO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCES, CARMEN 6404 WINDWOOD CT TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, MARILYN 4107 INTERLAKE DR TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL MIDILI PRES 4/27/01 813-933-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90174 035 ***150.00



DO NOT WRITE IN THIS SPACE

0621682

CR2E034 (10/00)