

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90261 013 \*\*\*150.00

0636523 AT

**DOCUMENT # M94389**

**1. Entity Name**  
**SUNBELT PREMIUM FINANCE, INC.**



**Principal Place of Business**  
**32939 COLLEGE AVE**  
**SAN ANTONIO FL 33576**

**Mailing Address**  
**P.O. BOX 189**  
**SAN ANTONIO FL 33576**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2918173**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MIDILI, PAUL PETER**  
**32939 COLLEGE AVE**  
**SAN ANTONIO FL 33576**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIDILI, PAUL PETER	
STREET ADDRESS	32939 COLLEGE AVE	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	VDD	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARILYN	
STREET ADDRESS	4107 INTERLAKE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MIDILI, DENISE O'LEARY	
STREET ADDRESS	32939 COLLEGE AGE	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCES, CARMEN	
STREET ADDRESS	6404 WINDWOOD CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/03*

Date

*813-737 0800*

Daytime Phone #

CR2E034 (10/02)