

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90050 003 \*\*\*150.00

**DOCUMENT # P93000040509**

1. Entity Name

**MAIN STREET PREMIUM FINANCE COMPANY**

**904398**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RAVENSWOOD RD

PO BOX 220066  
 HOLLYWOOD FL 33022-0066  
 US

LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0416763**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WYMAN, JASON A**  
**5201 RAVENSWOOD RD**  
**SUITE 107**  
**FT LAUDERDALE FL 33312**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  Delete  
 NAME: WYMAN, JASON A  
 STREET ADDRESS: 5201 RAVENSWOOD ROAD SUITE 107  
 CITY-ST-ZIP: FT LAUDERDALE FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: V  Delete  
 NAME: SHELDON, HARVEY A  
 STREET ADDRESS: 5201 RAVENSWOOD ROAD SUITE 107  
 CITY-ST-ZIP: FT LAUDERDALE FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: T  Delete  
 NAME: HEMPHILL, JAMES A  
 STREET ADDRESS: 5201 RAVENSWOOD ROAD SUITE 107  
 CITY-ST-ZIP: FT LAUDERDALE FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: S  Delete  
 NAME: FLOYD, CHARLOTTE A  
 STREET ADDRESS: 5201 RAVENWOOD ROAD SUITE 107  
 CITY-ST-ZIP: FT LAUDERDALE FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Date

954-965-5033

Daytime Phone #

CR2E034 (9/99)