## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2001 8:00 am Secretary of State D@CUMENT # **P94000056737** A & E PREMIUM FINANCE COMPANY 04-30-2001 90043 033 \*\*\*158.75 Principal Place of Business Mailing Address 1401 8TH AVE WEST 1401 8TH AVE WEST BRADENTON FL 34205 **BRADENTON FL. 34205** 2. Principa: Place of Business 3. Mailing Address P.O. Box 9729 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0466564 Bradenton, Fl 34206-9729 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\mathbf{x}$ Manatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUIKSHANK, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1401 8TH AVE WEST **BRADENTON FL 34205** City 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 DAVID C. CRUIKSHANK, PRESIDENT Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ď THE ☐ Delete TILE WEICHEL, JOHN A SR NAME NAME 4401 RIVERVIEW BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7:P TITLE ☐ Delete TITLE ☐ Addition CRUIKSHANK, DAVID C NAME NAME 4716 18TH AVE. W. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE De ete TITLE ☐ Change ☐ Addition WAAG, ROSETTA NAME NAME 5928 DORAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY ST-7IP THE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLTY-ST-ZIP THE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TT: E ☐ Delete TITLE Change ☐ Addition NAME NAME S\*REET ADDRESS STREET ADDRESS

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 trusted 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.

CHY-ST-7P

CITY SE-ZIP

over a

ROSETTA WAAG, CORPORATE SECRETARY 4/24/01

CR2E034 (10/00)