

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90039 016 ***158.75

UNIFORM
 AN

DOCUMENT # P94000056737

1. Entity Name

A & E PREMIUM FINANCE COMPANY

Principal Place of Business

**1401 8TH AVE WEST
 BRADENTON FL 34205**

Mailing Address

**PO BOX 9729
 BRADENTON FL 34206-9729**

2. Principal Place of Business

4730 SR 64 EAST

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON, FL 34208

City & State

4. FEI Number

65-0466564

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

MANATEE COUNTY

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CRUIKSHANK, DAVID C

1401 8TH AVE WEST

BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4730 SR 64 EAST

City

BRADENTON

FL

Zip Code

34208

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, 2002 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 **D** ☐ Delete
 NAME **WEICHEL, JOHN A SR**
 STREET ADDRESS **4401 RIVERVIEW BLVD**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ Delete
 NAME **CRUIKSHANK, DAVID C**
 STREET ADDRESS **4716 18TH AVE. W.**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **S** ☐ Delete
 NAME **WAAG, ROSETTA**
 STREET ADDRESS **5928 DORAL DR**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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.

ROSETTA WAAG, CORPORATE SECRETARY

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)