2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000056737 DOCUMENT

A & É PREMIUM FINANCE COMPANY



Mar 31, 2003 8:00 am \$ Secretary of State **FILED**

03-31-2003 90209 013 ***158.75

			GOO WE IND					
Principal Place of Business 4730 SR 64 EAST BRADENTON FL 34208	Mailing Address PO BOX 9729 BRADENTON FL 34206-9729							
2. Principal Place of Business	3. Mailing Address				TADI MARIIF AMERI MARII MARIAI DII	18 81(II 1888 8		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State	City & State			4. FEI Number 65-0	466564	 '	plied For t Applicable	1
Zip Country	Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required				_
6. Name and Address of Current Registered Agent				7. Name and Address	of New Registered Ag	ent		1
			Name					
CRUIKSHANK, DAVID C 4730 SR 64 EAST			Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34208	•							
			City		FL	Zip Code		
8. The above named entity submits this statement for	or the number of changin	an ita ragiatara	d office or registe	ared seems or both in the C		niliae with		1
the obligations of registered agent.	or the purpose of changing	ng its registered	office or registe	ered agent, or both, in the S	tate of Florida. I am far	milar wilin, i	and accept	
SIGNATURE: Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	Agent signature require	ed when reinstating)	DATE			}
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FILE NOW!!! FEE IS \$150.00			•	9. Election Campaign Financing \$5.00 M		May Be		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o	f State			Trust Fund C	ontribution.		to Fees	
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS	IN 11	[
TITLE D	☐ Delete	TITLE				Change	Addition	02)
NAME WEICHEL, JOHN A SR		NAME						10/
STREET ADDRESS 4401 RIVERVIEW BLVD		STREET	F ADDRESS					8
CITY-ST-ZIP BRADENTON FL		CITY-S	ST-ZIP					Ö
TITLE D	☐ Delete	TITLE				Change	Addition	CR2E034 (10/02)
NAME CRUIKSHANK, DAVID C		NAME					:	Ĭ
STREET ADDRESS 4716 18TH AVE. W. CITY-ST-ZIP BRADENTON FL-34209	· · · · · · - · -	STREET CITY-S	ADDRESS	سائد د-يديب	mage of the state	*-*		
TITLE S	Delete	TITLE			Γ	Change	Addition	ĺ
NAME WAAG, ROSETTA		NAME			L			}
STREET ADDRESS 5928 DORAL DR			T ADDRESS					ļ

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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

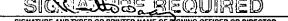
STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP



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7-21-03

1-800-780-8423

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