

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048747

1. Entity Name

PREMIUM FUNDING CORP.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90099 024 ***150.00

Principal Place of Business

Mailing Address

801 N. DOUGLAS AVENUE #205
ALTAMONTE SPRINGS FL 32701

801 N. DOUGLAS AVENUE #205
ALTAMONTE SPRINGS FL 32714-5206

2. Principal Place of Business

3. Mailing Address

801 N. Douglas Ave

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

same

City & State

City & State

Altamonte Springs

Fl.

Zip

Country

Zip

Country

32714

Seminole

32714

Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3385724

Applied For

Not Applicable

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

JOHNSON, WADE F JR
118 EAST JEFFERSON STREET
ORLANDO FL 32801

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)

1-13-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, STEVEN K 801 N. DOUGLAS AVENUE #205 ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGE, STEPHEN R 801 N. DOUGLAS AVENUE #205 ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISANI, ROCCO M 801 N. DOUGLAS AVE, STE 205 ALTAMONTE SPRINGS FL 32714	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rocco M. Pisani

1-13-00

4077867346

Date

Daytime Phone #

CR2E034 (9/99)