FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90173 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048747

1. Entity Name
Premium Funding Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1250 Douglas Ave		1250 Douglas Ave	
Suite, Apt. #, etc. Ste. 105		Suite, Apt. #, etc. Ste. 105	
City & State Longwood, Fl.		City & State Longwood, Fl.	
Zip 32779	Country Seminole	Zip 32779	Country 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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Steven K. Hope

Street Address (P.O. Box Number is Not Acceptable)
1250 Douglas Ave, Ste. 100

City Longwood FL Zip Code 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Steven K. Hope 5-21-03
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	Pisani, Rocco M.	1250 Douglas Ave, Ste. 105	Longwood, Fl. 32779
D	Biege, Stephen R.	1250 Douglas Ave, Ste. 105	Longwood, Fl. 32779
D	Hope, Steven K	1250 Douglas Ave, Ste. 105	Longwood, Fl 32779

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Steven K. Hope 5-21-03 407-862-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #