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 _____ Steven K. Hope 5-21-03
Signature, typed or printed 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	D
NAME	Pisani, Rocco M.
STREET ADDRESS	1250 Douglas Ave, Ste. 105
CITY-ST-ZIP	Longwood, Fl. 32779
TITLE	D
NAME	Biege, Stephen R.
STREET ADDRESS	1250 Douglas Ave, Ste. 105
CITY-ST-ZIP	Longwood, Fl. 32779
TITLE	D
NAME	Hope, Steven K
STREET ADDRESS	1250 Douglas Ave, Ste. 105
CITY-ST-ZIP	Longwood, Fl 32779
TITLE	
NAME	
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CITY-ST-ZIP	

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