

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S47266

**Entity Name:** STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC0250051509**

**Current Principal Place of Business:**

13590 SW 134 AVENUE  
SUITE 214  
MIAMI, FL 33186

**Current Mailing Address:**

13590 SW 134 AVENUE  
SUITE 214  
MIAMI, FL 33186 US

**FEI Number: 65-0259290**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KOPPELMANN, WILLIAM  
13590 SW 134 AVENUE  
SUITE 214  
MIAMI, FL 33186 US

*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: WILLIAM KOPPELMANN**

**03/17/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KOPPELMANN, W.J.  
Address 13220 SW 146 STREET  
City-State-Zip: MIAMI FL 33186

Title D  
Name JACOBS, RONALD  
Address 4273 PINE RIDGE COURT  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name HOECHNER, CARL C  
Address 16620 SW 91 AVENUE  
City-State-Zip: PAMETTO BAY FL 33157

Title DIRECTOR  
Name WALL, JAMES A  
Address 15471 SW 83 AVENUE  
City-State-Zip: PALMETTO BAY FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: WILLIAM KOPPELMANN**

**PRESIDENT**

**03/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date