

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000006910**

1. Entity Name

**PREMIER MORTGAGE CORPORATION OF AMERICA****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90086 013 \*\*\*150.00

Principal Place of Business	Mailing Address
392 EAST 12300 SOUTH. STE. D DRAPER UT 84020	392 EAST 12300 SOUTH. STE. D DRAPER UT 84020-8046

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **87-0522825** 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	
<b>TAYLOR, DAVE</b> <b>1331 EAST LAFAYETTE STREET</b> <b>SUITE F</b> <b>TALLAHASSEE FL 32301</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	OLPIN, PATRICIA A	NAME	
STREET ADDRESS	37 LONE HOLLOW DR.	STREET ADDRESS	
CITY-ST-ZIP	SANDY UT 84094	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	ROBINSON, DEBORA L	NAME	
STREET ADDRESS	13239 SO. BEAR HOLLOW DR.	STREET ADDRESS	
CITY-ST-ZIP	DRAPER UT 84020	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	ROBBINS, GREG	NAME	
STREET ADDRESS	673 WEST 2400 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LEHI UT 84043	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	LONG, BRYCE	NAME	
STREET ADDRESS	13525 SOUTH ENSIGN POINT	STREET ADDRESS	
CITY-ST-ZIP	DRAPER UT 84020	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	LONG, BRYCE	NAME	
STREET ADDRESS	15525 SOUTH ENSIGN POINT LANE	STREET ADDRESS	
CITY-ST-ZIP	DRAPER UT 84020	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #