

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # K56437

1. Entity Name
PREMIER SYSTEMS, INC.

Principal Place of Business C/O O. KENNETH RUDD III 2210 S FRONT STREET, STE 203 MELBOURNE FL 329014375	Mailing Address C/O O. KENNETH RUDD III 2210 S FRONT STREET, STE 203 MELBOURNE FL 329014375
---	---

2. Principal Place of Business C/O O. KENNETH RUDD, III	3. Mailing Address C/O O. KENNETH RUDD, III
Suite, Apt. #, etc. 7992 BRADWICK WAY	Suite, Apt. #, etc. 7992 BRADWICK WAY

City & State MELBOURNE FL	City & State MELBOURNE FL
---	---

4. FEI Number 59-2931492	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

DO NOT WRITE IN THIS SPACE

Zip 32940	Country US	Zip 32940	Country US
---------------------	----------------------	---------------------	----------------------

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

RUDD, O. KENNETH III
7992 BRADWICK WY

MELBOURNE FL 32940

Name RUDD, O. KENNETH III
Street Address (P.O. Box Number is Not Acceptable) 7992 BRADWICK WAY
City MELBOURNE FL
Zip Code 32940

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

05/01/2000

(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)

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	T	<input type="checkbox"/> Delete
NAME	MAINS-RUDD, TRACY	
STREET ADDRESS	7992 BRADWICK WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDD, O. KENNETH III	
STREET ADDRESS	7992 BRADWICK AY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAINS-RUDD, TRACY		
STREET ADDRESS	7992 BRADWICK WAY		
CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUDD, O. KENNETH III		
STREET ADDRESS	7992 BRADWICK WAY		
CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY MAINS RUDD

T 05/01/2000