0018207

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015363

1. Entity Name

PREMIERE FINANCIAL REFURBISHING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 2:51

LR 10/07

Principal Place of Business
595 CYPRESS GARDENS BLVD.
SUITE 330
WINTER HAVEN FL 33880

Mailing Address
P.O. BOX 2093
WINTER HAVEN FL 33883

2. Principal Place of Business: 175 5th St, SW
Suite, Apt. #, etc.: Suite 202
City & State: Winter Haven, FL
Zip: 33880 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3690617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAZELWOOD, HARRY W
2109 EDGEWATER CIRCLE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

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

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	MEYERS, JEFFREY T	
STREET ADDRESS	4373 LAKE DEXTER DRIVE, EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	MGR	☐ Delete
NAME	HAZELWOOD, HARRY W	
STREET ADDRESS	2109 EDGEWTER CIR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME	400023399234	
STREET ADDRESS	09/29/03--01048--019 **50.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (4/03)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 9/23/03 863-293-2376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #