

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010124

1. Entity Name

PREMIER PRODUCTS OF AMERICA, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90101 029 \*\*\*150.00

Principal Place of Business

6822 22ND AVENUE NORTH  
SUITE 223  
ST. PETERSBURG FL 33710

Mailing Address

6822 22ND AVENUE NORTH  
SUITE 223  
ST. PETERSBURG FL 33710

00041074

2. Principal Place of Business

4500 140th AVE N  
Suite, Apt. #, etc.  
113

3. Mailing Address

4500 140th AVE N  
Suite, Apt. #, etc.  
113



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL  
Zip 33762 Country PIN

City & State

Clearwater FL  
Zip 33762 Country PIN

4. FEI Number

59-3554756

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLIN, JOHN M  
6822 22ND AVENUE NORTH  
SUITE 223  
ST. PETERSBURG FL 33710

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

TITLE D  
NAME CARLIN, JOHN M  
STREET ADDRESS 6822 22ND AVENUE NORTH SUITE 223  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME CARLIN, JOHN M  
STREET ADDRESS 4500 140th AVE N SUITE 113  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)