## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P99000038335 1. Entity Name PREMIER PROPERTY MANAGEMENT & MAINTENANCE SERVICE 04-05-2001 90011 048 \*\*\*150.00 Principal Place of Business Mailing Address 311 PLYMOUTH ROAD P.O. BOX 7043 WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0918221 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COONEY, SIMON Street Address (P.O. Box Number is Not Acceptable) 311 PLYMOUTH ROAD **WEST PALM BEACH FL 33405** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change | ☐ Addition TITLE ☐ Delete TITLE simon Coone NAME COONEY, SIMON L NAME 311 Plymouth Rd STREET ADDRESS 311 PLYMOUTH ROAD STREET ADDRESS CITY-ST-ZIP Palm CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete TITLE oney, JOAnner, Plymouth Rd COONEY, JOANNE R-STREET ADDRESS 311 PLYMOUTH ROAD STREET ADDRESS FL 33405 falm Beach CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITL F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP