2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 15, 2002 8:00 am Secretary of State

1. Entity Na	PRINCENT # 5811			O7-15-2002 90186 041 ***150.00	e	
Principal Place of Business 1249 US HWY 27 S SEBRING FL 33870-2172 US		Mailing Address 1249 US HWY 27 S SEBRING FL 33870-2172 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-1839551 Applied Not App		
Zip 	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
M. A. C.		2.0	Name			
PASSMORE, JANIE L 3509 BRISTOL ST SEBRING FL 33872			Street Addre	ress (P.O. Box Number is Not Acceptable)		
SEDRING	FL 338/2		City	FL Zip Code		
SIGNATURE .	signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible	and title if applicable. (NOTE	E: Registered Agent signature rec	gistered agent, or both, in the State of Florida. I am familiar with, and a equired when reinstating) DATE	<u> </u>	
Tax filing r	requirement and elects to do so. ria on back)	After September 13	!! FEE IS \$550.00 i, 2002 Fee will be \$7 ble to Department of		y Be es	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1	
TITLE NAME Street address City-St-Zip	PD PASSMORE, JANIE L 3509 BRISTOL ST SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, BRADLEY M 3509 BRISTOL ST SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change _ A	ddition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	ddition	
ITLE IAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	ddition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP 3. I hereby ce	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	ddition	

13. I nereby 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 the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02 863-385-0057

AHACL West

120210

PREMIER MORTGAGE OF CENTRAL

FLORIDA, INC.

((U))

1249 US Hwy 27 South Sebring, FL 33870 Phone (863)385-0057 premier@strato.net

July 12, 2002

To: Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Doc #581176/FEIN #59-1839551

To Whom It May Concern:

, Janie Passmore, President/Broker hereby certify that we did not receive the UBR until June 30th. We did not receive the original form to complete. If we had received it, it would have been taken care of immediately. Thank you for your understanding in this matter.

Sincerely,

Janie L. Passmore

President