2002 UNIFORM BUSINESS REPORT (UBR)

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

Mar 11, 2002 8:00 am Secretary of State F00000006129 DOCUMENT # 1. Entity Name 03-11-2002 90052 049 ***150.00 PREMIER PROFESSIONAL SYSTEMS, INC. Principal Place of Business Mailing Address 4910 UNIVERSITY SQUARE, STE 4 4910 UNIVERSITY SQUARE. STE 4 HUNTSVILLE AL 35816 **HUNTSVILLE AL 35816** 2. Principal Place of Business 3. Mailing Address Pike. 7047 Old Madison Pike 7047 Old Madison Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 63-1019116 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 35 しらみー Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHEY, FREDDIE Street Address (P.O. Box Number is Not Acceptable) FLORIDA NATIONAL GUARD 11700 NW 27TH AVENUE MIAMI FL 33167-2698 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change NAME HENDERSON, JANNIFER J NAME 1047 Old Madison Pike, Suite 350 Huntsville, AL 35806 STREET ADDRESS STREET ADDRESS 4910 UNIVERSITY SQUARE, STE 4 CITY-ST-ZIP CITY-ST-ZIP **HUNTSVILLE AL** TITLE ☐ Delete TITLE NAME HENDERSON III. RILEY NAME 7047 Old Madison Pike, Suite 350 STREET ADDRESS STREET ADDRESS 4910 UNIVERSITY SQUARE, STE 4 Huntsville, AL 36806 CITY-ST-7IP CITY-ST-ZIP **HUNTSVILLE AL** ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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