

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90151 002 ***150.00

DOCUMENT # F01000005510

1. Entity Name

PREMIER MANAGEMENT HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1877 S. FEDERAL HWY

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON

City & State

4. FEI Number

880485922

Applied For

Not Applicable

Zip

FL

Country

33432

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FRANK A. LUCERI

Street Address (P.O. Box Number is Not Acceptable)

ONE ROYAL PALM PLACE

1877 S. FEDERAL HWY #308

City

BOCA RATON

FL

Zip Code

33432

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.

(REG AGENT) FRANK A. LUCERI

4/29/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR MICHAEL TOWNER 1877 S. FEDERAL HWY, #308 BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY / TREASURER / DIRECTOR KAREN BAYLISS TOWNER 1877 S. FEDERAL HWY #308 BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR WILLIAM TOWNER P.O. BOX 1115 BOCA RATON FL 33429
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRES) MICHAEL TOWNER 4/29/02 367 9773

Date

Daytime Phone #

CR2E034B (12/01)