

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90375 044 ***150.00

DOCUMENT # F01000006596
1. Entity Name

PREMIER BUSINESS GROUP, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 1041 SE 17th Street Suite, Apt. #, etc. Penthouse City & State Fort Lauderdale, FL Zip 33316 Country Broward | | 3. Mailing Address 1041 SE 17th Street Suite, Apt. #, etc. Penthouse City & State Fort Lauderdale, FL Zip 33316 Country Broward | |
|---|--|---|--|

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| | |
|--|--------------------------------------|
| 4. FEI Number 52-2356589 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|---|------------------------------------|
| Name Scott C. Burgess | |
| Street Address (P.O. Box Number is Not Acceptable) 1041 SE 17th Street PH | |
| City Fort Lauderdale | FL Zip Code 33316 |

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD Janet H. Boyce P.O. Box 366 Delray Beach, FL 33447 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(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 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 #

CR2E034B (12/01)