

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90241 028 ***158.75

DOCUMENT # F27105

1. Entity Name

PREMIER INVESTMENT PROPERTIES, INC.

Principal Place of Business

6105 G MEMORIAL HWY
TAMPA FL 33615
US

Mailing Address

6105 G MEMORIAL HWY
TAMPA FL 33615
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2205618

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAESTRELLI, RICHARD B
5915 B MEMORIAL HWY
TAMPA FL 33615

Name

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

6105-G Memorial Highway

City

Tampa

FL

Zip Code

33615

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

4/10/01

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MAESTRELLI, RICHARD B
STREET ADDRESS 5915-B MEMORIAL HIGHWAY
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6105-G Memorial Highway
CITY-ST-ZIP Tampa, FL 33615

TITLE STD
NAME MAESTRELLI, TERESA L
STREET ADDRESS 5915-B MEMORIAL HIGHWAY
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6105-G Memorial Highway
CITY-ST-ZIP Tampa, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(813) 882-9000

Daytime Phone #

CR2E034 (10/00)