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FILED
Jun 23, 2002 8:00 am
Secretary of State
05-27-2002 90394 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35644

1. Entity Name
PREMIUM DEVELOPMENT CORP.

36591

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16603 FOREST PARK DRIVE
Suite, Apt. #, etc.
City & State
LUTZ, FL.
Zip 33549 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2265726
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GRACE M. MAINERI
Street Address (P.O. Box Number is Not Acceptable)
16603 FOREST PARK DRIVE
City LUTZ, FL **FL** Zip Code 33549

6. 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 _____ 6-14-02
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	GRACE M. MAINERI
STREET ADDRESS	16603 FOREST PARK DRIVE
CITY-ST-ZIP	LUTZ, FL, 33549
TITLE	VICE-PRESIDENT
NAME	HARRY REPSTEIN
STREET ADDRESS	16603 FOREST PARK DRIVE
CITY-ST-ZIP	LUTZ, FL, 33549
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ President 5-1-02 PM 949-8523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #