

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90342 038 ***150.00

DOCUMENT # F96000002683

1. Entity Name

PREMUS OF ORLANDO, INC.

Principal Place of Business

Mailing Address

**1264 MORGAN CHASE DRIVE
 MARIETTA GA 30066**

**1264 MORGAN CHASE DRIVE
 MARIETTA GA 30066**

2. Principal Place of Business

Premus, Inc

3. Mailing Address

Premus, Inc.

Suite, Apt. #, etc.

442 Breedlove Rd.

Suite, Apt. #, etc.

442 Breedlove Rd.

City & State

Ball Ground, GA

City & State

Ball Ground, GA

Zip

Country

30107 Cherokee

Zip

Country

30107 Cherokee

6. Name and Address of Current Registered Agent

**RADER, GARY A
 16403 MYERS COURT
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**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

| | | |
|----------------|-------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | EVANS, PHILLIP C | |
| STREET ADDRESS | 1264 MORGAN CHASE DRIVE | |
| CITY-ST-ZIP | MARIETTA GA | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | EVANS, ANNE K | |
| STREET ADDRESS | 1264 MORGAN CHASE DRIVE | |
| CITY-ST-ZIP | MARIETTA GA | |
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | RADER, GARY A | |
| STREET ADDRESS | 16403 MYERS COURT | |
| CITY-ST-ZIP | CLERMONT FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | RADER, PAMELA J | |
| STREET ADDRESS | 16403 MYERS COURT | |
| CITY-ST-ZIP | CLERMONT FL | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | KAUL, JOHN R | |
| STREET ADDRESS | 442 BREEDLOVE ROAD | |
| CITY-ST-ZIP | BALL GROUND GA 30107 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Evans, Phillip C | |
| STREET ADDRESS | 547 Toonigh Rd. | |
| CITY-ST-ZIP | Woodstock, GA 30188 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kaul, John R | |
| STREET ADDRESS | 442 Breedlove Rd | |
| CITY-ST-ZIP | Ball Ground, GA 30107 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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

John R. Kaul John R. Kaul

Date

1-18-01

Daytime Phone #

770-479-5622

CR2E034 (10/00)