

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005873**

1. Entity Name

PREMIER DESIGNS, INC.

Principal Place of Business

**1551 CORPORATE DRIVE
IRVING TX 75038**

Mailing Address

**1551 CORPORATE DRIVE
IRVING TX 75038**

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

75-2074326

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HORNER, ANDREW J	1551 CORPORATE DRIVE	IRVING TX	<input type="checkbox"/>
SDEV	HORNER, JOAN V	1551 CORPORATE DRIVE	IRVING TX	<input type="checkbox"/>
VTD	JOHNSON, JAMES A	1551 CORPORATE DRIVE	IRVING TX	<input type="checkbox"/>
D	HORNER, THOMAS W	1551 CORPORATE DRIVE	IRVING TX 75038	<input type="checkbox"/>
D	MCMANEMIN, PATRICK F	600 NORTH PEARL STREET, STE 1600	DALLAS TX	<input checked="" type="checkbox"/>
D	DRAPER, JAMES R	1551 CORPORATE DRIVE	IRVING TX	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *James A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Johnson

3/21/01

Date

972-550-0955

Daytime Phone #

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90229 049 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)