

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007137

1. Entity Name

PREMIER AGENDAS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90956 026 ***150.00

Principal Place of Business

Mailing Address

20000 KENTUCKY ST
BELLINGHAM WA 98226

20000 KENTUCKY ST
BELLINGHAM WA 98226

100946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 Kentucky St.

3. Mailing Address

2000 Kentucky St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0481380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 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 **P** ☐ Delete
NAME **BERENDS, HENDRIK**
STREET ADDRESS **155 E. WISER LAKE RD**
CITY-ST-ZIP **LYNDEN WA 98265**

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

TITLE **V** ☒ Delete
NAME **KINGMA, THEODORE**
STREET ADDRESS **3705 LINDSAY RD**
CITY-ST-ZIP **EVERSON WA 98247**

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

TITLE **V** ☐ Delete
NAME **STEL, HARRY**
STREET ADDRESS **20434-46A AVE**
CITY-ST-ZIP **LANGLEY, BC V3A 3J8**

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

TITLE **S** ☐ Delete
NAME **LOEPPKY, DAVID**
STREET ADDRESS **711 BRIAR RD**
CITY-ST-ZIP **BELLINGHAM WA 98225**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **98225**

TITLE **CFO** ☐ Delete
NAME **GIBSON, JAMES S**
STREET ADDRESS **4522 E. OREGON ST**
CITY-ST-ZIP **BELLINGHAM WA 98226**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James S. Gibson CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

360-734-1153

Daytime Phone #

CR2E034 (9/99)