

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H41138

1. Entity Name

PREMIUM BUDGET SERVICES, INC.

Principal Place of Business

4501 N. NEBRASKA
P.O. BOX 8938
TAMPA FL 33674-5938

Mailing Address

4501 N. NEBRASKA
P.O. BOX 8938
TAMPA FL 33674-5938

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 59-2482593

Applied For

Not Applicable

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

RONZ, MARVIN
17400 GULF BLVD B9
N REDINGTON BCH
N REDINGTON BCH FL 33708

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RONZ, MARVIN	
STREET ADDRESS	17400 GULF BLVD B9	
CITY-ST-ZIP	N REDINGTON BCH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONZ, RITA	
STREET ADDRESS	17400 GULF BLVD B9	
CITY-ST-ZIP	N REDINGTON BCH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONZ, RONALD A.	
STREET ADDRESS	6004 OAKMONT DR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2001

Date

727-393-2577

Daytime Phone #

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

01-27-2001 90060 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)