

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90382 030 ***550.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17400 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. REDINGTON BCH

City & State

N. REDINGTON BCH

Zip

Country

Zip

Country

33708

FLORIDA

33708

PINELLAS

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **RONZ, MARVIN**
STREET ADDRESS **17400 GULF BLVD B9**
CITY-ST-ZIP **N REDINGTON BCH FL 33708**

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

TITLE **D** ☐ Delete
NAME **RONZ, RITA**
STREET ADDRESS **17400 GULF BLVD B9**
CITY-ST-ZIP **N REDINGTON BCH FL 33708**

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

TITLE **D** ☐ Delete
NAME **RONZ, RONALD A.**
STREET ADDRESS **6004 OAKMONT DR**
CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-02 727-393-2177

Date

Daytime Phone #

CR2E034 (4/02)