

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36343

1. Entity Name

PREMIER MEDICAL MARKETING ASSOCIATES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90036 037 ***158.75

Principal Place of Business

Mailing Address

% ERNEST LARRY JONES
604 PACKARD CT
SAFETY HARBOR FL 34695

% ERNEST LARRY JONES
604 PACKARD CT
SAFETY HARBOR FL 33761-4020

2. Principal Place of Business

3. Mailing Address

8349 Sandberry Blvd.

8349 Sandberry Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32819

Orange

32819

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2911421

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

JONES, ERNEST LARRY
604 PACKARD CT
SAFETY HARBOR FL 34695

Name

William P Wells III

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

8349 Sandberry Blvd.

City

Orlando

FL

Zip Code

32819

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

Wm P Wells III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	JONES, ERNEST LARRY	
STREET ADDRESS	3087 DIAMOND HEAD DR.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	HEPP, JAMES M.	
STREET ADDRESS	1461 IRMA RD	
CITY-ST-ZIP	EUSTIS FL 32726	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William P Wells III	
STREET ADDRESS	8349 Sandberry Blvd.	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela J. Wells	
STREET ADDRESS	8349 Sandberry Blvd.	
CITY-ST-ZIP	Orlando FL 32819	
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		
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:

Wm P Wells III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

407-352-2929

CR2E034 (9/99)