

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # K56437****1. Entity Name**
PREMIER SYSTEMS, INC.**Principal Place of Business**C/O O. KENNETH RUDD III
2210 S FRONT STREET, STE 203
MELBOURNE
329014375

FL

Mailing AddressC/O O. KENNETH RUDD III
2210 S FRONT STREET, STE 203
MELBOURNE
329014375

FL

2. Principal Place of Business

C/O O. KENNETH RUDD, III

3. Mailing Address

C/O O. KENNETH RUDD, III

Suite, Apt. #, etc.

7992 BRADWICK WAY

Suite, Apt. #, etc.

7992 BRADWICK WAY

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number**59-2931492****Applied For****Not Applicable****Zip**
32940**Country**
US**Zip**
32940**Country**
US**5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**RUDD, O. KENNETH III
7992 BRADWICK WYMELBOURNE
32940

FL

US

7. Name and Address of New Registered Agent**Name**

RUDD, O. KENNETH III

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

7992 BRADWICK WAY

City

MELBOURNE

FL**Zip Code**
32940**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)

05/01/2000

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	MAINS-RUDD, TRACY	
STREET ADDRESS	7992 BRADWICK WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	D	<input type="checkbox"/> Delete
NAME	RUDD, O. KENNETH III	
STREET ADDRESS	7992 BRADWICK AY	
CITY-ST-ZIP	MELBOURNE FL 32940	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAINS-RUDD, TRACY		
STREET ADDRESS	7992 BRADWICK WAY		
CITY-ST-ZIP	MELBOURNE FL 32940		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUDD, O. KENNETH III		
STREET ADDRESS	7992 BRADWICK WAY		
CITY-ST-ZIP	MELBOURNE FL 32940		

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** TRACY MAINS RUDD

T 05/01/2000