

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90029 012 ***150.00

DOCUMENT # K74242

1. Entity Name

PREMIER SALES & MARKETING, INC.

Principal Place of Business

~~3508 CARDINAL POINT DRIVE~~
JACKSONVILLE FL 32257
US

Mailing Address

~~3508 CARDINAL POINT DRIVE~~
JACKSONVILLE FL 32257
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

11330-3 ST JOHNS IND PKWY N

Suite, Apt. #, etc.

SAME

City & State

JACKSONVILLE FL

City & State

4. FEI Number **59-2949771**

Applied For

Not Applicable

Zip

32246

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDWARDS, DAVID L.
1500 ROBERT DRIVE
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name

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

11330-3 ST JOHNS BLUFF IND PKWY

City

JACKSONVILLE

FL

Zip Code

32246

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 **DAVID L EDWARDS**

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

TITLE **D** ☐ Delete
NAME **MADSEN, JANICE M.**
STREET ADDRESS **3508 CARDINAL POINT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11330-3 ST JOHNS IND PKWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

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

TITLE ☒ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice M Madsen
2/19/01 **904 731 8007**
Daytime Phone #

002412

CR2E034 (10/00)