

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90151 016 ****50.00

DOCUMENT # L00000000430

1. Entity Name

PREMM ENTERPRISES, LLC

Principal Place of Business

~~5301 CONROY ROAD, STE 140~~
ORLANDO FL 32811

Mailing Address

~~5301 CONROY ROAD, STE 140~~
ORLANDO FL 32811

2. Principal Place of Business

7380 SAND LAKE Road

3. Mailing Address

7380 Sand Lake Rd.

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Orlando Florida

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3617394 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CAMP, PAUL LANE
5301 CONROY ROAD, STE 140
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name **LANE, Paul Camp**

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

Paul Camp Lane **Paul Camp Lane**

01/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **PREMM, IRENE**
 STREET ADDRESS **5301 CONROY ROAD, SUITE 140**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *IRENE PREMM* **IRENE PREMM**

2.19.02

407-316-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)