

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-07-2002 90349 028 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019103

1. Entity Name

PREMIER ENTERPRISES, L. L. C.

Principal Place of Business

5129 CASTELLO DRIVE
SUITE 3
NAPLES FL 34103

Mailing Address

5129 CASTELLO DRIVE
SUITE 3
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
SOCIAL SECURITY #

4. FEI Number

294-24-6447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHMAN, DEFIK, LANIER & ROSS, PA
2640 GOLDEN GATE PARKWAY
SUITE 206
NAPLES FL 34105

7. Name and Address of New Registered Agent

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.

SIGNATURE

Earl L. Frye

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☒ Delete
RICHMAN, DEFIK, LANIER & ROSS, PA
STREET ADDRESS 2640 GOLDEN GATE PARKWAY STE 206
CITY-ST-ZIP NAPLES, FL 34105

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
PRESIDENT
EARL L. FRYE
STREET ADDRESS 5129 CASTELLO DR. SUITE 3
CITY-ST-ZIP NAPLES, FL 34103

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

Earl L. Frye

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

Date

Daytime Phone #

8/24/02-239-5003

Attachment

7/18/02

39416



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

PER ATTACHED -
THIS ENTITY IS
A SINGLE MEMBER
LIMITED
LIABILITY COMPANY.

THEREFORE WE
HAVE FILLED IN
"BLOCK 4" WITH
THE SINGLE MEMBER'S
SOCIAL SECURITY NUMBER!
THANK YOU.

June 4, 2002

PREMIER ENTERPRISES, L. L. C.
5129 CASTELLO DRIVE
SUITE 3
NAPLES, FL 34103

Subject: PREMIER ENTERPRISES, L. L. C.

Reference Number: L01000019103

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mm

ANNUAL REPORTS SECTION