

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90110 015 \*\*\*\*\*50.00

**DOCUMENT # L02000020434**

1. Entity Name

**PREMIEREFX, LLC**



Principal Place of Business

**330 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750**

Mailing Address

**330 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750**

2. Principal Place of Business

**220 EAST CENTRAL PARKWAY**

3. Mailing Address

**220 EAST CENTRAL PARKWAY**

Suite, Apt. #, etc.

**Suite 1020**

Suite, Apt. #, etc.

**Suite 1020**

City & State

**Altamonte Springs FL**

City & State

**Altamonte Sp. FL**

Zip

**32701**

Country

**US**

Zip

**32701**

Country

**US**

4. FEI Number

**54 2067650**

Applic For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**JACK W. DICKS**

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

**220 EAST CENTRAL PARKWAY**

**Suite 1020**

City

**Altamonte Springs**

FL

Zip Code

**32701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **JACK DICKS**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **DICKS, J.W. JAMES DICKS, CEO**  
STREET ADDRESS **330 CROWN OAK CENTRE DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32750**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

*[Signature]* **SIGNATURE REQUIRED**

**4/15/03**

**407 3754141**

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

Date

Daytime Phone #

CR2E083 (10/02)