

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67070

1. Entity Name

PREMIER GROUP HOLDING COMPANY

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90933 040 ***150.00

Principal Place of Business

Mailing Address

1635 S. RIDGEWOOD
SUITE 106
DAYTONA BCH. FL 32119

1635 S. RIDGEWOOD
SUITE 106
DAYTONA BCH. FL 32119-8425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3010213

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUCKEY, PATRICIA A.
1635 S. RIDGEWOOD AVENUE
SUITE 106
SOUTH DAYTONA FL 32119

Name Melody H. Adair
Street Address (P.O. Box Number is Not Acceptable) 1339 Beville Rd.
City DAYTONA BCH FL Zip Code 32119

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

Melody H. Adair
Bookkeeper
904-788-0311

4-25-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME PSD
STREET ADDRESS STUCKEY, PATRICIA A.
CITY-ST-ZIP 29 OAK AVENUE
ORMOND BEACH FL

TITLE ☐ Delete
NAME PSD
STREET ADDRESS Edmond R. Rancourt
CITY-ST-ZIP 817 HAIL CT
PORT ORANGE FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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

Edmond R. Rancourt
FILES IDENT 4/26/00 904-756-5556

Date

Daytime Phone #

CR2E034 (9/99)