

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90080 037 \*\*\*150.00

**DOCUMENT # L67070**

1. Entity Name  
**PREMIER GROUP HOLDING COMPANY**

Principal Place of Business <b>1635 S. RIDGEWOOD          SUITE 106          DAYTONA BCH. FL 32119</b>	Mailing Address <b>1635 S. RIDGEWOOD          SUITE 106          DAYTONA BCH. FL 32119</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1339 BEVILLE RD</b>	3. Mailing Address <b>1339 BEVILLE RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DAYTONA BCH FL</b>	City & State <b>DAYTONA BCH FL</b>	4. FEI Number <b>59-3010213</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32119</b>	County <b>VOLUSIA</b>	Zip <b>32119</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STUCKEY, PATRICIA A.          1635 S. RIDGEWOOD AVENUE          SUITE 106          SOUTH DAYTONA FL 32119</b>	7. Name and Address of New Registered Agent Name <b>MELODY H ADAIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1339 BEVILLE RD</b> City <b>DAYTONA BCH FL</b> Zip Code <b>32119</b>
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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 *Melia* MELODY H. ADAIR 4-13-01  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD STUCKEY, PATRICIA A. 29 OAK AVENUE ORMOND BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDMOND R RANCOURT 1339 BEVILLE RD DAYTONA BCH FL 32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edmond R Rancourt* EDMOND R RANCOURT 386-226-2622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)