

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90532 004 ***150.00

DOCUMENT # M29441

1. Entity Name
PREMIER MORTGAGE SERVICES, INC.



Principal Place of Business
10269 W. SAMPLE RD
POMPANO BEACH FL 33065
US

Mailing Address
4617 UNIVERSITY DR
POMPANO BEACH FL 33067
US

60024047



2. Principal Place of Business

4617 UNIVERSITY DR
Suite, Apt. #, etc.
Coral Springs, FL

3. Mailing Address

4617 UNIVERSITY DR
Suite, Apt. #, etc.

City & State

Coral Springs, FL

4. FEI Number **59-2659486**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip **33067**

Country **USA**

Zip **33067**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALOMONE, THOMAS F.
4617 UNIVERSITY DR
POMPANO BEACH FL 33067

7. Name and Address of New Registered Agent

Name

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

City **Coral Springs**

FL

Zip Code **33067**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SALOMONE, THOMAS F.**
STREET ADDRESS **4617 UNIVERSITY DR**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **VP** ☐ Delete
NAME **SALOMONC, MATTHEW**
STREET ADDRESS **4617 UNIVERSITY DR**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Coral Springs, FL 33067**

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)