## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**



## **FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90113 032 \*\*\*150.00

1. Entity Name PREMIER TOOL & MOLD, INC		
Principal Place of Business	Mailing Address	<u> </u>
2188 PALM WAY	2188 PALM WAY	
LARGO FL 33771	LARGO FL 33771	

2. Principal Place of Business 12545 Creekside Dr. Suite, April 4, dots.   City & Suite April 5, dots.   City & Suite April 6,	LARGO FL 3377	1		LARG	O FL 33771								
12545 Creekside Dr.	US												
Solition   Color   State   Color   State   Color   State   Color   County				3. Ma	ling Address			-					
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   CHECK HERE IF MAKING CHANGES			kside Dr.	12	2545 Creel	sid	le Dr.						
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DELLI FRAINE, GRACE I. 2188 PALM WAY LARGO FL 3371  5. 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 farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of change with the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of Changing its registered office or registered agent, or both, in the State of Florida. I am farm-liker with, and accept the purpose of Changing its registered		<del> </del>		Lē					<del> 59-</del> 2866703			<del></del>	,   _
Name	<sup>Zip</sup> 33773		Country USA	Zip	33773			5.	Certificate of Status Desired				
DELLI FRAINE, GRACE I. 2188 PALM WAY LARGO FL 33711  2  City Largo FL 379793  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 purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Changing its registered office or registered agent,		6. Name	and Address of Current F	Registere	d Agent			7.	Name and Address of New Reg	gistered .	Agent		1
Street Address (P.O. Box Number is Not Acceptable)   125.45   Creekside Dr.							Name	•					
LARGO FL 33771  2. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cycligations of registered agent.  SIGNATURE    Signatus, lipid to private name of registered agent and the displaceble.   NOTE Registered Agent agratus registered agent, or both, in the State of Florida. I am familiar with, and accept the cycligations of registered agent.   NOTE Registered Agent agratus registered agent, or both, in the State of Florida. I am familiar with, and accept the cycligations of registered agent.   NOTE Registered Agent agratus registered agent, or both, in the State of Florida. I am familiar with, and accept the cycligations of registered agent.   NOTE Registered Agent agratus registered agent, or both, in the State of Florida. I am familiar with, and accept the cycligations of registered agent.   NOTE Registered Agent agratus registered agent, or both, in the State of Florida. I am familiar with, and accept the cycligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cycling agent		· <del>-</del> '	E I.				Street Address (	P.O. E	Box Number is Not Acceptable)				-
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Atter May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State  10.		ignature, typed o	or printed name of registered agent an	nd title if app	licable. (NOTE:	Registered	d Agent signature required	d when re	einstating)	DATE			
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of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, 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 of 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: