

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 21 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000413

1. Entity Name

PREMIUM SERVICES MANAGEMENT, LLC

Principal Place of Business

3465 N. DESERT DR., #400  
ATLANTA GA 30344

Mailing Address

3465 N. DESERT DR., #400  
ATLANTA GA 30344

2. Principal Place of Business

3465 N. DESERT DR

Suite, Apt. #, etc.  
# 222

City & State  
ATLANTA GA

Zip  
30344

Country  
USA

3. Mailing Address

3465 N. DESERT DR

Suite, Apt. #, etc.  
# 222

City & State  
ATLANTA GA

Zip  
30344

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2259104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600003335536

07/25/00-01079-011

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDEN, LEONARD  
3465 N. DESERT DR., #400  
ATLANTA GA 30344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDEN, JANICE  
3465 N. DESERT DR., #400  
ATLANTA GA 30344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GAMSEY, DAVID  
3465 N. DESERT DR., #400  
ATLANTA GA 30344 ☒ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED LEONARD GOLDEN 7/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

404-767-5200

Daytime Phone #