

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000003347**1. Entity Name  
**PREMIER CONSULTING SERVICES, INC.**

Principal Place of Business BOX 754  PORT RICHEY FL 34673	Mailing Address BOX 754  PORT RICHEY FL 34673
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2. Principal Place of Business BOX 754	3. Mailing Address BOX 754
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT RICHEY FL	City & State PORT RICHEY FL
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Zip 34673	Country US	Zip 34673	Country US
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4. FEI Number <b>22-3746196</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MCGOMEZ ROSE-MARIE**  
**10931 OAKDALE AVE.**  
  
**PORT RICHEY FL**  
**34668 US****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ **01/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARFMAN MARIA BOX 754 PORT RICHEY FL 34673	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUGAL NATALIE BOX 754 PORT RICHEY FL 34673	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ MILDRED BOX 754 PORT RICHEY FL 34673	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUGAL NATALIE BOX 754 PORT RICHEY FL 34673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ MILDRED BOX 754 PORT RICHEY FL 34673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C ROSE-MARIE MCGOMEZ BOX 754 PORT RICHEY FL 34673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: ROSE-MARIE MCGOMEZ** **D/C** **01/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

CR2E037 (11/00)

\*\*\*\*\*RELAYED BY RELAY CENTER TO LOCALITY\*\*\*\*\*  
**ROSE-MARIE MCGOMEZ D/C**  
**BOX 754**

**PORT RICHEY, FL 34763**