

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003931

1. Entity Name

PREMIER EDUCATIONAL & RESEARCH SERVICES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90375 007 ****61.25

550994



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1500 BEVILLE RD., STE. 606-209
DAYTONA BEACH FL 32114

Mailing Address

1500 BEVILLE RD., STE. 606-209
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3589431

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UHAKHEME, SMART
640 MARY MCLEOD BETHUNE BLVD.
DAYTONA BEACH FL 32114

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D UHAKHEME, SMART
STREET ADDRESS 640 GARY MCLEOD BETHUNE BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD MOORE, RUSSELL JR
STREET ADDRESS 510 GROVE AVENUE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ Change ☐ Addition
NAME (see attached)
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD UKAWUILULU, JOHN
STREET ADDRESS 1401 S PALMETTO AVE APT 309
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Signature Required* UHAKHEME 5/8/01 9042551401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

Document #
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550994

#10.

NOTE: The Last NAME in Box 10 is incorrect. THE
CORRECT NAME IS MOOTRY. THE ADDRESS
IS ALSO INCORRECT. THE CORRECT ADDRESS IS
810 NOT 510 GROVE AVE.

Russell Mootry Jr.