FILED

Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90271 035 ***150 00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000048917

DOCUMENT # 1. Entity Name

PREMIER INTEGRATED SERVICES, INC.							04	-23-2003	302/T O.	33 13C	.00	
Principal Place of Business 4654 COPPER LANE PLANT CITY FL 33567			Mailing Address 4654 COPPER LANE PLANT CITY FL 33567				1 (88)/FEI (1) FEI/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ı Barcı ürdik ü	Idan irnin takn	IK a ri 1 40 1 1 46 4	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-364				<u>_</u>	plied For	
Zip	Zip Country		Zip	Countr	гу	5. Certificate of Status		us Desired		\$8.75 Add Fee Require	litional	
	6. Name and Ad	dress of Current Reg	stered Agent				7. Name and Addres	s of New Re	gistered A	\gent		
GROTHER, DEBORAH L						Name						
7035 US	HWY 301		Street A			ddress (P.	ress (P.O. Box Number is Not Acceptable)					
SOUTH RIVERVIEW FL 33569										1 = 2 .		
. ***					City	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. 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) OATE												
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 C Trust Fund	ampaign Final Contribution		\$5.0 Added	O May Be to Fees	
10.		OFFICERS AND DIRE	CTORS	11.			ADDITIONS/CHANG	ES TO OFFIC	CERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURHAM, JEFFRI 4654 COPPER LA PLANT CITY FL 3	NE	☐ Delete						•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete	TITLE NAME STREET CITY-S	TADDRESS					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Detete	TITLE NAME STREET CITY-S	T ADDRESS	12 mag 2	· · · · · · · · · · · · · · · · · · ·			□ 'Change'	☐ Addition [©]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Mar	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	•				☐ Change	☐ Addition	
TITLE			☐ Delete	TITLE				_		Change	Addition	

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.

NAME

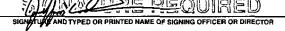
STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



Y-22-02