FILED
Jul 04, 2002 8:00 am
Secretary of State
05-27-2002 90439 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071044

1. Entity Name
Premier Professionals, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

37706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1335 MacDavardash Dr.	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State
Zip: 32765 Country: USA	Zip Country

4. FEI Number: 59 3661697 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ = $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jonathan Woods

Street Address (P.O. Box Number is Not Acceptable): 495 W. Colonial Dr.

Ste. 204

City: Orlando FL 32801

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: Martha Tedesco N/A TMD DATE: 6/28/02

(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Martha Theo Tedesco
STREET ADDRESS	1335 MacDavardash Dr.
CITY-ST-ZIP	Oviedo FL 32765
TITLE	V.P.
NAME	Beth Sarc
STREET ADDRESS	3029 Clove Tree Lane
CITY-ST-ZIP	Woodstock, GA 30189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Tedesco Martha Tedesco, President 5/1/02 (407)2545677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #