

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114593

1. Entity Name

PREMIER MORTGAGE, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-09-2001 90114 037 ***158.75

Principal Place of Business

Mailing Address

103 BRUSHWOOD LANE
PALM COAST FL 32137

103 BRUSHWOOD LANE
PALM COAST FL 32137

2. Principal Place of Business

185 Cypress Point Pkwy

3. Mailing Address

185 Cypress Point Pkwy

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

Palm Coast FL

City & State

Palm Coast FL

4. FEI Number

59-3685068

Applied For

Not Applicable

Zip

32164

Country

Flagler

Zip

32164

Country

Flagler

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOSEPH A
555 W GRANADA BLVD STE B-5
ORMONDA BEACH FL 32174

7. Name and Address of New Registered Agent

Name

SANDRA McDONALD

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

185 Cypress Point Pkwy #900

City

Palm Coast

FL

Zip Code

32164

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

Sandra McDonald

SANDRA McDONALD PRESIDENT

2-5-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	BY T.S.	<input type="checkbox"/> Delete
NAME	VOST, MARK	
STREET ADDRESS	103 BRUSHWOOD LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SEC. / TREASURER. T.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT NEMINEN	
STREET ADDRESS	18 FANWOOD CT.	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert GAZZOLI	
STREET ADDRESS	3 COLE PLACE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra McDonald	
STREET ADDRESS	14 PRINCESS ROSE DR.	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Vost

MARK VOST

2/5/01

904-447-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)