

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90411 036 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000114593

1. Entity Name
PREMIER MORTGAGE, INC.

Principal Place of Business
185 CYPRESS POINT PKWY
900
PALM COAST FL 32164

Mailing Address
185 CYPRESS POINT PKWY
900
PALM COAST FL 32164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

City & State

4. FEI Number **59-3685068**

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

MCDONALD, SANDRA
185 CYPRESS POINT PKWY
900
PALM COAST FL 32164

Name

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

300

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STANLEY VOST, MARK
103 BRUSHWOOD LANE
PALM COAST FL 32137 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V NIEMINEA, SCOTT
18 FANWOOD CT
PALM COAST FL 32164 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
NIEMINEN, SCOTT ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V GAZZOL, ROBERT
3 COLE PLACE
PALM COAST FL 32137 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
135 Archise Ct.
Palm Coast FL 32137 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P MCDONALD, SANDRA
14 PRINCESS ROSE DR
PALM COAST FL 32164 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4 Fanwood Place
Palm Coast FL 32164 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

Sandra McDonald **Sandra McDonald** **4-11-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)