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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91467 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114593

1. Entity Name
PREMIER MORTGAGE, INC.

Principal Place of Business	Mailing Address
185 CYPRESS POINT PKWY 300 PALM COAST, FL 32164	185 CYPRESS POINT PKWY 300 PALM COAST, FL 32164

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3685068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, SANDRA
185 CYPRESS POINT PKWY
#300
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra McDonald
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	ST	☐ Delete
NAME	VOST, MARK	
STREET ADDRESS	103 BRUSHWOOD LANE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	V	☐ Delete
NAME	NIEMINEN, SCOTT	
STREET ADDRESS	19 FANWOOD CT	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	V	☐ Delete
NAME	GAZZOL, ROBERT	
STREET ADDRESS	135 COCHISE CT.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	P	☐ Delete
NAME	MCDONALD, SANDRA	
STREET ADDRESS	4 UNLDOR PLACE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition (six blank entries)

CR2E034 (10/02)

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.

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