2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver o changed, or on an attachment with

Sep 16, 2002 8:00 am Secretary of State P01000001144 DOCUMENT # 1. Entity Name 09-16-2002 90105 031 ***550.00 PREMIERE MARKETING GROUP, INC. Principal Place of Business Mailing Address $\sim v \sigma$ 18978 SE LOXCHATCHEE RIVER RD 18978 SE LOXCHATCHEE RIVER RD JUPITER FL 33485 JUPITER FL 33485 3. Mailing Address 2. Principal Place of Business Commerce Commerce Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 150 4. FEI Number Applied For City, & State City & State Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П USM Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MADEY, JOHN Street Address (P.O. Box Number is Not Acceptable) 18978 SE LOXCHATCHEE RIVER RD JUPITER FL 33485 Zip Code City d 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 above nar the obligation registered SIGNATURE DATE OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** CR2E034 (4/02) ☐ Change Addition TITLE TITLE ☐ Delete MADEY, KELLY NAME NAME 18978 SE LOXAHATCHEE RIVER ROAD STREET ADDRESS STREET AODRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE → □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information sympliced 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 of trustee empowered to execute this report as require, by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED