## 2002 UNIFORM BUSINESS REPORT (UBR)

## **Secretary of State** P01000018175 DOCUMENT # 02-25-2002 90038 003 \*\*\*150.00 ALL PREMIER PROPERTIES OF JUPITER, INC. Mailing Address Principal Place of Business 126 CENTER STREET #B9 126 CENTER STREET #89 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FS Number 11052 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAUGHENBAUGH, MONA Street Address (P.O. Box Number is Not Acceptable) 115 WEST BEVERLY ROAD TEQUESTA FL 33469 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 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. PRESIDENT SECRETARY TREES AND Change DAUGHENBAUGH RICHARD IIS WEST BEVERLY ROAD (9/07 **Delete** TITLE TITLE NAME NAME DAUGHENBAUGH, MONA STREET ADDRESS STREET ADDRESS 115 WEST BEVERLY ROAD CITY-ST-ZIP CITY-\$1-ZIP TEQUESTA-FL 33469 73469 Change 1 57 (250) SFA (4.1) MILE TITLE AUGSTANT . NAME NAME STREET ACCRESS I BUTO STREET ADDRESS ۆر. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITE F MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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:

FILED Mar 29, 2002 8:00 am