

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90151 003 \*\*\*150.00

DOCUMENT # P01000023715  
1. Entity Name  
**PREMIER SUITE INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**P.O. BOX 1115**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**

City & State

Zip  
**33429** Country  
**USA**

4. FEI Number  Applied For  Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**


Name  
**FRANK A LUCERI**

Street Address (P.O. Box Number is Not Acceptable)  
**ONE ROYAL PALM PLACE**

**1877 S. FEDERAL HWY #308**

City  
**BOCA RATON FL** Zip Code  
**33432**

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  (REGISTERED AGENT) **FRANK A. LUCERI** 4/29/02  
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)

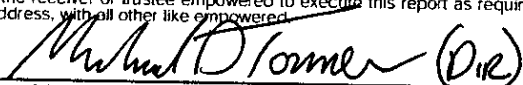
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR KAREN BAYLISS TOWNER P.O. BOX 1115 BOCA RATON FL 33429</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR MICHAEL TOWNER P.O. BOX 1115 BOCA RATON FL 33429</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  (Dir) **MICHAEL TOWNER** 4/29/02 (561) 347 9773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #