

FILED

Jun 03, 2002 8:00 am  
Secretary of State

05-14-2002 90337 030 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031285

1. Entity Name

PREMIER MANAGEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

13451 MCGREGOR BLVD. STE 31  
FT MYERS FL 33919

Mailing Address

13451 MCGREGOR BLVD. STE 31  
FT MYERS FL 33919

2. Principal Place of Business

15065 McGregor Blvd.

Suite, Apt. #, etc.

Unit #104

3. Mailing Address

15065 McGregor Blvd.

Suite, Apt. #, etc.

Unit #104

City &amp; State

Ft. Myers, FL.

City &amp; State

Ft. Myers, FL.

Zip

33908

Country

USA

Zip

33908

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, THOMAS A

13451 MCGREGOR BLVD. STE 31  
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Thomas A. Williams

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

15065 McGregor Blvd.

Unit 104

City Ft. Myers

FL

Zip Code

33908

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)

05-01-02

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. President, Vice President, and Directors

TITLE Thomas A. Williams ☐ Delete  
NAME 15065 McGregor Blvd., Unit 104  
STREET ADDRESS Ft. Myers, FL. 33908  
CITY-ST-ZIPTITLE Vice-Pres. Dir ☐ Delete  
NAME Jay D. Morris  
STREET ADDRESS 15065 McGregor Blvd., Unit 104  
CITY-ST-ZIP Ft. Myers, FL. 33908TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-01-02 239-466-5420

Daytime Phone #

CR2E034 (9/01)