

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90236 037 \*\*\*150.00

**DOCUMENT # P01000035108**

1. Entity Name  
**PREMIER EXCHANGE SERVICES, INC.**



Principal Place of Business  
**350 E. BAY DR.  
LARGO FL 33779**

Mailing Address  
**350 E. BAY DR.  
LARGO FL 33779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3716026**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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

**YADLEY, GREGORY C  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCMURTREY, BRAD</b>	
STREET ADDRESS	<b>350 E. BAY DR.</b>	
CITY-ST-ZIP	<b>LARGO FL 33779</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHWENK, PRICE</b>	
STREET ADDRESS	<b>350 E. BAY DR.</b>	
CITY-ST-ZIP	<b>LARGO FL 33779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEANS, HARRISON</b>	
STREET ADDRESS	<b>350 E. BAY DR.</b>	
CITY-ST-ZIP	<b>LARGO FL 33779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D/EVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERNSTEEN, JOSEPH E.</b>	
STREET ADDRESS	<b>1645 PORTAGE PASS</b>	
CITY-ST-ZIP	<b>DEERFIELD, IL 60015</b>	
TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELLINI, PAUL V.</b>	
STREET ADDRESS	<b>5830 142ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33760</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEANS, HARRISON I.</b>	
STREET ADDRESS	<b>405 N. WABASH AVENUE, P2E</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 60611</b>	
TITLE	<b>D/EVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREEMAN, M. PHILLIP</b>	
STREET ADDRESS	<b>350 EAST BAY DRIVE</b>	
CITY-ST-ZIP	<b>LARGO, FL 33770</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIESTERER, GLENNA S.</b>	
STREET ADDRESS	<b>5830 142ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33760</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Glen S. Riesterer***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

Date

**727-373-1905**

Daytime Phone #

CR2E034 (10/02)