

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

001181 AV

DOCUMENT # P01000045165

1. Entity Name
PREMIER ESTATE LIQUIDATORS, INC.



APPROVED
AND
FILED

03 SEP -2 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
655-1 W. FULTON ST.
SANFORD FL 32771

Mailing Address
655-1 W. FULTON ST.
SANFORD FL 32771

2. Principal Place of Business,
1900 Buena Vista Drive
Suite, Apt. #, etc.

3. Mailing Address
1900 BUENA VISTA DRIVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE BUENA VISTA, FL
Zip
32830
Country
USA

City & State
LAKE BUENA VISTA, FL
Zip
32830
Country
USA

4. FEI Number 59-3717764

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMBO, BYRON
655-1 W. FULTON ST.
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name
RODGER D. MOSS, JR.
Street Address (P.O. Box Number is Not Acceptable)
201 N. MAGNOLIA AVENUE
SUITE 300
City
ORLANDO FL Zip Code
32801

8. The above information is true and correct 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 obligation of the registered agent and title if applicable.

SIGNATURE

Dod M. J.

8/26/03

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D RAMBO, BYRON 655-1 W. FULTON ST. SANFORD FL 32771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRIT, KARAN 1900 BUENA VISTA DRIVE LAKE BUENA VISTA, FL 32830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022703763 09/02/03--01075--006 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

6/30/03

407.330.0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)