

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90079 015 ***150.00

DOCUMENT # **P01000071809**

1. Entity Name
PREMIER CUSTOM SURFACES INC.

Principal Place of Business
19104 SUGAR LOAF MOUNTAIN RD
CLERMONT FL 34711

Mailing Address
5703 RED BUG LAKE ROAD #258
WINTER SPRINGS FL 32708

859980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1531 Litchem Road
 Suite, Apt. #, etc.

3. Mailing Address
1531 LITCHEM ROAD
 Suite, Apt. #, etc.

City & State
APOPKA FL
 Zip
32712

Country
USA

City & State
APOPKA FL
 Zip
32712

Country
USA

4. FEL Number
59-3744171

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEFOLEY, BRIAN J
862 GAZELL TRAIL
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
 Name **BRIAN J. LEFOLEY**
 Street Address (P.O. Box Number is Not Acceptable)
1531 LITCHEM ROAD
APOPKA FL 32712
 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.

SIGNATURE *Brian J. Lefoley*
 Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/02**

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 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	president LEFOLEY BRIAN J. 1531 LITCHEM ROAD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE president Bonnie Schmidt LEFOLEY 1531 LITCHEM ROAD APOPKA FL 32712	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE *Brian J. Lefoley* **BRIAN J. LEFOLEY** **4/23/02** **407-464-1288**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)