FILED

03 JUN -6 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098078

1. Entity Name
PREMIER ERECTORS, INC.

[redacted]

55043068

Principal Place of Business	Mailing Address
4575 VIA ROYALE STE 218 FT MYERS, FL 33919	4575 VIA ROYALE STE 218 FT MYERS, FL 33919

2. Principal Place of Business	3. Mailing Address
7275 Pelas Cr.	7275 Pelas Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers, FL	City & State: N. Ft. Myers, FL
Zip: 33917 Country: USA	Zip: 33917 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0642034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1640 SW 22 ST 4 FLR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Monique Brooks

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

7275 Pelas Cr.

City: N. Ft. Myers FL Zip Code: 33917

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: Monique Brooks, President 4-15-03

[redacted]

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

10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROOKS, MONIQUE B 4575 VIA ROYALE STE 218 FT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 7275 Pelas Cr. N. Ft. Myers, FL 33917 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E030A (11/02)

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: Monique Brooks 4-15-03 239-543-7553

Monique Brooks