


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

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90024 034 ***150.00

DOCUMENT # P02000129502

1. Entity Name
Premier Development, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Crispin St

3. Mailing Address
P.O. Box 542086

Suite, Apt. #, etc.

City & State
Merritt Island, FL

City & State
Merritt Island, FL

Zip
32952

Country
Brevard

Zip
32954

Country
Brevard

4. FEI Number
16-1644458

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Donna Ghaneie

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

City
Merritt Island

State
FL

Zip Code
32952

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | President Mansoor Ghaneie, 100 Crispin St. Merritt Island, FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mansoor Ghaneie **MANSOOR GHANEIE** 3/28/04 **321-446-3371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)