

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90323 035 ***150.00

0010231 AT

DOCUMENT # P02000133006

1. Entity Name

PREMIER SERVICE CORPORATION



Principal Place of Business

**5830 142ND AVE NORTH
CLEARWATER FL 33760**

Mailing Address

**5830 142ND AVE NORTH
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0656770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YADLEY, GREGORY C ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD STE 2800
TAMPA FL 33602**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SCHWENCK, PRICE W**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D/C** ☐ Change ☒ Addition
NAME **ERNSTEEN, JOSEPH E.**
STREET ADDRESS **1645 PORTAGE PASS**
CITY-ST-ZIP **DEERFIELD, IL 60015**

TITLE **D** ☒ Delete
NAME **BOKSA, BOBCE W**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☐ Change ☒ Addition
NAME **KUCI, RICHARD A.**
STREET ADDRESS **1451 NW 62ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **D** ☒ Delete
NAME **KENDALL, VALERIE**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☐ Change ☒ Addition
NAME **McMURTREY, T. BRAD**
STREET ADDRESS **350 EAST BAY DRIVE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **D** ☒ Delete
NAME **TUFTS, CLIFF**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☐ Change ☒ Addition
NAME **MELLINI, PAUL V.**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE **D** ☒ Delete
NAME **DAERDA, T.C.**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☐ Change ☒ Addition
NAME **O'NEIL, BRENDA M.**
STREET ADDRESS **4959 S. CLEVELAND AVE**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **D** ☐ Delete
NAME **KUHLMAN, JIM**
STREET ADDRESS **160 POINTE LOOP DRIVE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **S** ☐ Change ☒ Addition
NAME **RIESTERER, GLENNA S.**
STREET ADDRESS **5830 142ND AVE NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33760**

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:

Glenna S. Riesterer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

727-373-1905

Date

Daytime Phone #

CR20034 (10/02)