

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90120 007 \*\*\*150.00

**DOCUMENT # P93000056834**

1. Entity Name

**PREMIUM TRADING COMPANY OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

6020 W. CHELSEA STREET  
 TAMPA FL 33634  
 US

1605 ROYAL PALM DR. S.  
 B  
 GULFPORT FL 33707-3872  
 US

2. Principal Place of Business

3. Mailing Address

**S939 Bayview Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Gulfport, FL**

4. FEI Number

**59-3197809**

Applied For

Not Applicable

Zip

Country

Zip  
**33707**

Country

**Pmellas**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHECT, NEIL S P.A.  
 BAYSHORE CENTER, PENTHOUSE  
 2909 W BAY TO BAY BLVD  
 TAMPA FL 33629**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>WILLIS, JAMIE</b>	<b>1605 B ROYAL PALM DR. S.</b>	<b>CLEARWATER FL 33707</b>	<input type="checkbox"/>
	<b>D</b>			
	<b>WILLIS, GLEN N</b>	<b>16533 LAKE HEATER DR</b>	<b>TAMPA FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>S939 Bayview Circle</b>	<b>Gulfport, FL 33707</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>2239 Climbing Ivy Dr.</b>	<b>Tampa, FL 33624</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Amie R. Willis**

**3/20/00**

**(813) 622-1004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)