2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # P93000080537** PREMIER VENTURES, INC. 04-17-2001 90148 046 ***150.00 Mailing Address Principal Place of Business 1509 S. FLORIDA AVE. P.O. BOX 5713 LAKELAND FL 33807 SUITE 3 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3220888 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAMOND, D. J. 1509 S. FLORIDA AVENUE SUITE 3 LAKELAND FL 33803 it, or com, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered of the ture required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE DIAMOND, D. J. NAME NAME 1509 S. FLORIDA AVE., SUITE 3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITI F FANNIN, TERESA B NAME NAME 1509 S. FLORIDA AVE., SUITE 3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ↓ .~ □ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 all other like empowered.