

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90199 009 \*\*\*150.00

**DOCUMENT # P94000084188**

1. Entity Name

**PREMIER MODULAR SERVICE, INC.**

Principal Place of Business

Mailing Address

1291 A SOUTH POWERLINE RD.  
 SUITE 234  
 POMPANO BEACH FL 33069

1291 A SOUTH POWERLINE RD.  
 SUITE 234  
 POMPANO BEACH FL 33069-4311

2. Principal Place of Business

3. Mailing Address

**2016 SW MONTERREY LANE P.O. Box 2171**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PORT ST. LUCIE, FL**

City & State

**POMPANO BEACH FL**

4. FEI Number

**65-0536935**

Applied For

Not Applicable

Zip

Country

**34953**

**USA**

Zip

Country

**33061-2171**

**USA**

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

**MILLER, WILLIAM J**  
**2016 SOUTHWEST MONTERREY LANE**  
**PORT ST. LUCIE FL 34953**

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]* **WILLIAM MILLER**

**4.17.00**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MILLER, WILLIAM J</b>
STREET ADDRESS	<b>2016 S.W. MONTERREY LANE</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34953</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BOZAN, MARIANNE</b>
STREET ADDRESS	<b>2016 S.W. MONTERREY LANE</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34953</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

*[Signature]* **WILLIAM MILLER**

**4.17.00**

**954-609-9857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)