

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084188

1. Entity Name

PREMIER MODULAR SERVICE, INC.

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

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

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  
34953

Country  
USA

Zip  
33061-2171

Country  
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, 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  
P  
MILLER, WILLIAM J  
2016 S.W. MONTERREY LANE  
PORT ST LUCIE FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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BOZAN, MARIANNE  
2016 S.W. MONTERREY LANE  
PORT ST LUCIE FL 34953 ☐ Delete

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Miller 4.17.00 954-609-9857

CR2E034 (9/99)