

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91416 010 \*\*\*150.00

**DOCUMENT #** P95000024285

**1. Entity Name**

THE PREMIER PLANNING GROUP, INC.



**DO NOT WRITE IN THIS SPACE**

**11040316**

**2. Principal Place of Business**

7820 South Holiday Dr

**3. Mailing Address**

7820 South Holiday Dr

Suite, Apt. #, etc.

Suite 321

Suite, Apt. #, etc.

Suite 321

**City & State**

Sarasota, FL

**City & State**

Sarasota, FL

**4. FEI Number**

65-0580268

**Applied For**

Not Applicable

**Zip**

34231

**Country**

**Zip**

34231

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Dean W. Urick

**Street Address (P.O. Box Number is Not Acceptable)**

7820 South Holiday Dr

Suite 321

**City**

Sarasota

**FL**

**34231**

**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**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
D  
Dean W. Urick  
5219 Box Turtle Circle  
Sarasota, FL 34232

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Urick

4-30-2003

Date

Daytime Phone #

CR2E034B (12/02)