

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90003 018 \*\*\*150.00

17021750 AV

**DOCUMENT # P95000043600**

1. Entity Name  
**PREMIUM PC SERVICES INC.**

Principal Place of Business      Mailing Address  
**1130 BISHOP AVE**                      **1130 BISHOP AVE**  
**OVIEDO FL 32765**                      **OVIEDO FL 32765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number      **59-3318976**

Applied For  
 Not Applicable

Zip      Country                      Zip      Country

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**

**OASAMENTO, SCOTT J**  
**1130 BISHOP AVE**  
**OVIEDO FL 32765**

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, 2002 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      **P**       Delete  
 NAME      **CASAMENTO, SCOTT**  
 STREET ADDRESS      **1130 BISHOP AVE**  
 CITY-ST-ZIP      **OVIEDO FL 32765**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **TS**       Delete  
 NAME      **CASAMENTO, MARGARET**  
 STREET ADDRESS      **3814 PEACE PIPE DRIVE**  
 CITY-ST-ZIP      **ORLANDO FL 32829**

TITLE      **TS**       Change       Addition  
 NAME      **CASAMENTO, MARGARET**  
 STREET ADDRESS      **1130 Bishop Ave**  
 CITY-ST-ZIP      **Oviedo, FL 32829**

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       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 empowered.

SIGNATURE: *Scott Casamento*      **SCOTT CASAMENTO**      2/28/02      4079710902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2E034 (9/01)