2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000075467** 1. Entity Name PREMIER FINANCIAL COMMUNICATIONS, INC.

Principal Place of Business			Mailing Address							
215 WESTMOOR BEND ORLANDO FL 32835			215 WESTMOOR BEND ORLANDO FL 32835							
,								180 1 080) 9 000 6010 4	1911 (33) (33)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	FEI Number 59-3347705	<u> </u>	pplied For	
Zip Country			Zip Country			Not Applicable 5 Cartificate of Status Desired 88.75 Additional				
Managed Address of S					7. Name and Address of New Registered Agent			ed		
	6. Name and Address of (Jurrent He	gistered Agent		Name	/.	Name and Address of New Registe	rea Agent		
YETMAN; ROBERT-G-JR										
215 WESTMOOR BEND					Street Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO FL 32835									
					City		<u> </u>	FL Zip Cod	le	
8. The above	named entity submits this state	ement for th	e purpose of changing its	register	ed office or regis	stered aç	gent, or both, in the State of Florida.			
CICNIATURE										
SIGNATURE	Signature, typed or printed name of registe	ered agent and	title if applicable. (NOT	E: Registere	d Agent signature requ	Jired when I	reinstating)	ATÉ		
9. This corpo	oration is eligible to satisfy its In	tangible	FILE NOW	!!! FEE	IS \$150.00		40 Floring Committee Floring	A5.5		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$5 Make Check Payable to Department				10. Election Campaign Financing Trust Fund Contribution.	,,	00 May Be d to Fees	
				12.			_L DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE			"####" TT	☐ Change	☐ Addition	
NAME	YETMAN, ROBERT G JR			NAM	1					
STREET ADDRESS	215 WESTMOOR BEND				ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835			CITY	-ST-ZIP		****			
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CITY-ST-ZIP					- ST-ZIP					
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CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAMI						
STREET ADDRESS					ET ADDRESS					
CITY-ST-7IP	Ť			CITY	- ST - 7IP					

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:

FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90382 006 ***150.00