DOCUMENT # P9600004028 1. Enlity Name PREMIER TEAM, INC.					FILED Jan 10, 2001 8:00 am Secretary of State				
Principal Place of Business 515 36TH ST. W STE. E BRADENTON FL 34205		Mailing Address 515 36TH ST. W STE. E BRADENTON FL 34205			{ Incompany	01-10-2001	90144 018 *	**150.00	
2. Principal Place of Business 3021- B Marate Fue W Suite, Apt. #, etc.		3. Mailing Address 3021. & Maratee Are w Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
BAADENTON \$1 City & State Babberton \$1		City & State Brade N ton 51		4.	FEI Number	65-0639655		Applied For	ole l
Zip 3420	Country 5 Us A	Zip 34205	Country V S A	<u> </u>			Fee Rec	Additional	
6. Name and Address of Current Registered Agent FORBES, DANIEL V 515 36TH ST. WEST BRADENTON FL 34205			Street A	APIel V	Forbes	s Not Acceptable)	stered Agent		- <u>- </u>
				no-deute			1 - 3	Code Y 205	
8. The above	named entity submits this statement for		egistered office o			in the State of Florida	a. /5/01 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, 2001 Fee will be \$550.00 Make Check Payable to Department of St		550.00 it of State	Trust	on Campaign Financ Fund Contribution.	¯ □ Ă	5.00 May Be	,
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D FORBES, DANIEL V 515 36TH ST. WEST BRADENTON FL 34205	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Forbes, 1 3021-B			RS AND DIRECT		S S S S S S S S S S S S S S S S S S S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, MARIE R 515 36TH ST. WEST BRADENTON FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Avery, M 3021-B	iano R	Ave U	⊠ Char	ige 🗌 Additi	00 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP				☐ Char	nge 🗌 Additi	on
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Char		
13. I hereby of indicated of the conchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver of flustee empt or on an attachment with an address, where the supplemental report is provided by the supplemental report in the supplemental report is provided by the supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is sup	this filling does not qualify for the true and accurate and that my swered to execute this report as with all other like empowered.	signature shall he required by Cha	ted in Section lave the same apter 607, Flori	119.07(3)(i), F legal effect as ida Statutes; a	Florida Statutes. I fur sif made under oath and that my name ap	opears in Block	he information icer or director 1 or Block 12	r if .