2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90235 021 ***150.00

DOCUMENT # P96000026104

1. Entity Name
PREMIER MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1777 TAMIAMI TRAIL SUITE ~~5000~~ 406 PT. CHARLOTTE FL 33948 US	1777 TAMIAMI TRAIL SUITE ~~5000~~ 406 PT. CHARLOTTE FL 33948 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1777 TAMIAMI TRAIL	1777 TAMIAMI TRAIL
Suite, Apt. #, etc.: SUITE 406	Suite, Apt. #, etc.: SUITE 406
City & State: PT. CHARLOTTE FL	City & State: PT. CHARLOTTE FL
Zip: 33948 Country: USA	Zip: 33948 Country: USA

4. FEI Number 65-0673433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARBARA L. KAMECK
PREMIER MANAGEMENT SERVICES, INC.
1777 TAMIAMI TRAIL, SUITE ~~5000~~ 406
PT. CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
Suite 406

City | 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 Barbara L. Kameck DATE 4/10/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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	PSD KAMECK, BARBARA L 1777 TAMIAMI TRAIL, SUITE ~~5000~~ 406 PT. CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SCHOONBECK, SHARON 1777 TAMIAMI TRAIL, SUITE ~~5000~~ 406 PT. CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Barbara L Kameck 4/10/01 (941)627-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/00)