

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90472 045 ***150.00

DOCUMENT # P96000045194

1. Entity Name

PREMANATIONS, INC.

Principal Place of Business

Mailing Address

1677 RIDGEWOOD AVE
444 CANAVERAL FL 32920

P.O. BOX 32-1447
COCOA BEACH FL 32932-1447
US

LUU70400

2. Principal Place of Business

3. Mailing Address

8406 Port Said St
 Suite, Apt. #, etc.

see above

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip **32817** Country **USA**

Zip

Country

4. FEI Number

65-0734364

Applied For

Not Applicable

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

BROWN, RICHARD
2910 CARDINAL DRIVE
VERO BEACH FL 32962

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, 2000 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	<input type="checkbox"/> Delete
NAME	CLARK, JOHN T	
STREET ADDRESS	P.O. BOX 321447	
CITY-ST-ZIP	COCOA BEACH FL 32932	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEDEN, GAITHER D III	
STREET ADDRESS	911 RENMAR DRIVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARK, NICOLE	
STREET ADDRESS	P.O. BOX 321447	
CITY-ST-ZIP	COCOA BEACH FL 32932	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, JASON	
STREET ADDRESS	PO BOX 321447	
CITY-ST-ZIP	COCOA BCH FL 32932-1447	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JOHN T.	
STREET ADDRESS	P.O. BOX 321447	
CITY-ST-ZIP	Cocoa Beach, FL 32932	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAITHER PEDEN III	
STREET ADDRESS	7681 NW 14th ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, NICOLE	
STREET ADDRESS	P.O. BOX 321447	
CITY-ST-ZIP	Cocoa Beach, FL 32932	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29/2000

Date

Daytime Phone #

CF 034 (9/99)