

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045194

1. Entity Name
PREMANATIONS, INC.

Principal Place of Business
8406 PORT SAID STREET
ORLANDO FL 32817
US

Mailing Address
P.O. BOX 321447
COCOA BEACH FL 32932-1447
US

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90298 040 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 Olive St
Suite, Apt. #, etc.

3. Mailing Address
11 Olive St
Suite, Apt. #, etc.

City & State
Cocoa FL
Zip
32922
Country
USA

City & State
Cocoa FL
Zip
32922
Country
USA

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

CLARK, JOHN T
8406 PORT SAID ST.
ORLANDO FL 32817

~~CLARK, JOHN T~~
~~11 Olive St~~
~~Cocoa, FL 32922~~

Name ~~Garrett L. Clark~~
Street Address (P.O. Box Number is Not Acceptable)
11 Olive St
City COCOA FL Zip Code 32922

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 Nicole Clark Nicole Clark Mar 29/02
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 NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JOHN T P.O. BOX 321447 COCOA BEACH FL 32932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEDEN, GAITHER D III P.O. BOX 321447 COCOA BEACH FL 32932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, NICOLE P.O. BOX 321447 COCOA BEACH FL 32932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 and all other like empowerment.

SIGNATURE: Nicole Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: MAY 12/02 877-372-4664
Date Daytime Phone #

CR2E034 (9/01)