2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P96000047206

Mailing Address

NAPLES FL 34119

98 VINEYARDS BOULEVARD

1. Entity Name

PREMIER BUILDERS, INC.

Principal Place of Business

88 VINEYARDS BOULEVARD

NAPLES FL 34119



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90250 001 *1,772.50

| US | | US | | | | | | | |
|--|--|--------------------------------------|------------|---------------|--|--|------------------|----------------------------|--|
| 2. Principal Pla | reyards Blud. | 3. Mailing Address 75 Une yards Blud | | | <u>}</u> | 1 | | | |
| # Apt | f, etc. | Suite, Apt. etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. FEI Number 65-0 | 0669912 | | plied For Applicable | |
| Zip | Country Zip Cou | | Coun | itry | | 5. Certificate of Status Desired S8.75 Addition Fee Required | | | |
| | 6. Name and Address of Current I | Registered Agent | ered Agent | | | 7. Name and Address of New Registered Agent | | | |
| | 6. Name and Address of Current | Name | | | | | | | |
| | | | | - Name | • | | | | |
| ROGERS, 1 | | Street A | | | s (P.O. Box Number is No) | 3centable). | -500 | | |
| NAPLES F | The same of the sa | | | | | | | | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | *** | | Trust Fund | ampaign Financing Contribution. | Added | 0 May Be to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/CHANG | ES TO OFFICERS A | | | |
| | D | ☐ Delete | TITI | .E | | | Change | Addition | |
| | PROCACCI, MICHAEL | | NAM | ив I | ·- · · · · · · · · · · · · · · · · · · | له لمديده ٢ | £500 | | |
| NAME | 98 VINEYARDS BOULEVARD | | STR | EET ADDRESS 7 | 5 Uneyara: | > 01001 | ,- ,- ,- | | |
| STREET ADDRESS CITY-ST-ZIP | NAPLES FL 38999 | | | Y-ST-ZIP | 15 Ulteyards 34119 | | | | |
| TITLE | D | ☐ Delete | TITI | | | | Classica C | Addition | |
| NAME | PROCACCI, JOSEPH | | . NAI | ME . | 5 vineyards | s Blud # | F500 | | |
| | 98 VINEYARDS BOULEVARD | | STE | REET ADDRESS | | | - | | |
| STREET ADDRESS CITY-ST-ZIP | NAPLES FL-93999 | | | Y-ST-ZIP | 34119 | | | | |
| | VOT | E Polito | TIT | E . | | | U -Change | Addition | |

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CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SAADEH, MICHEL

NAPLES FL-88999-

ROGERS, ROBERT

98 VINEYARDS BLVD

NAPLES FL-84119-

LAMBERT, DAVID J

NAPLES FL-94119

98 VINEYARDS BLVD

98-VINEYARDS-BLVD

98 VINEYARDS BOULEVARD -

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