

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0528373

DOCUMENT # P96000047727

1. Entity Name

PREMIER INSURANCE SOLUTIONS, INC.

02-01-2001 90160 050 ***150.00

Principal Place of Business

Mailing Address

1723 BARTOW RD
 SUITE 2
 LAKELAND FL 33801

P.O. BOX 91960
 LAKELAND FL 33804

00012359



2. Principal Place of Business

3. Mailing Address

1723 Bartow Rd.

Suite, Apt. #, etc.

Suite 200

City & State
Lakeland, FL

City & State

4. FEI Number **59-3380363**

Applied For
 Not Applicable

Zip **33801** Country **Polk**

Zip Country

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

GRIMES, KEVIN R
1740 EDGEWOOD DRIVE WEST
LAKELAND FL 33803

Name **Kevin R. Grimes**
 Street Address (P.O. Box Number is Not Acceptable)

1723 Bartow Rd. Suite 200
 City **Lakeland** **FL** Zip Code **33801**

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 *Kevin R. Grimes* **Kevin R. Grimes**

1/24/01

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, 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 **DSC** ☐ Delete
 NAME **GRIMES, ROBERT M**
 STREET ADDRESS **1202 LAKE DEESON POINT**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **GRIMES, KEVIN R**
 STREET ADDRESS **6335 FORESTWOOD DR., WEST**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVT** ☐ Delete
 NAME **GRIMES, PHILLIP W**
 STREET ADDRESS **5528 BLOOMFIELD BLVD**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Phillip W. Grimes* **Phillip W. Grimes, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 **863-686-5110**

CR2E034 (10/00)