2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030539

PREMIER INCOME PROPERTIES, INC.

WILLIAMS, THOMAS A

FT MYERS FL 33919

SUITE 31

SIGNATURE

13451 MCGREGOR BLVD

9. This corporation is eligible to satisfy its Intangible

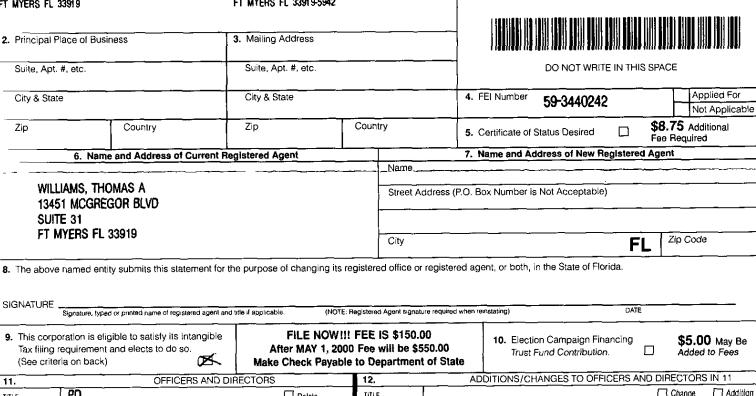
Mailing Address Principal Place of Business 13451 MCGREGOR BLVD 13451 MCGREGOR BLVD SUITE 31 SUITE 31 FT MYERS FL 33919-5942 FT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90082 027 ***150.00



| Tax filing requirement and elects to do so. (See criteria on back) | | After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | | Trust Fund Contribution. Added to Fees | | | | | |
|--|---|---|----------|---|--|--------------|--|------------|--------------|
| 11. | OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORROW, JAY D 13451 MCGREGOR BLVD # FT MYERS FL 33919 | 31 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WILLIAMS, THOMAS A 13451 MCGREGOR BLVD # FT MYERS FL 33919 | 131 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE | entropies of the second of the | e de marie e | | _ ☐ Change | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition ↓ |

Name

City

FILE NOW!!! FEE IS \$150.00

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.

MAS A. Williams