

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90337 031 ***150.00

DOCUMENT # P97000030539

1. Entity Name

PREMIER INCOME PROPERTIES, INC.

Principal Place of Business

**13451 MCGREGOR BLVD
 SUITE 31
 FT MYERS FL 33919**

Mailing Address

**13451 MCGREGOR BLVD
 SUITE 31
 FT MYERS FL 33919**

2. Principal Place of Business

**15065 McGregor Blvd
 Suite, Apt. #, etc.
 Unit #104**

3. Mailing Address

**15065 McGregor Blvd.
 Suite, Apt. #, etc.
 Unit #104**

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33908

Country

USA

Zip

33908

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3440242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, THOMAS A
 13451 MCGREGOR BLVD
 SUITE 31
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

**Name: Thomas A. Williams
 Street Address (P.O. Box Number is Not Acceptable):
 15065 McGregor Blvd.
 Unit #104
 City: Ft. Myers FL Zip Code: 33908**

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

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

Thomas A. Williams
 (NOTE: Registered Agent signature required when reinstating)

05-01-02
 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

TITLE **PD** ☐ Delete
 NAME **MORROW, JAY D**
 STREET ADDRESS **13451 MCGREGOR BLVD #31**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **STD** ☐ Delete
 NAME **WILLIAMS, THOMAS A**
 STREET ADDRESS **13451 MCGREGOR BLVD #31**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Thomas A. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Williams, VP 5-01-02

Date

Daytime Phone #

239-466-5420

CR2E034 (9/01)