

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000030539

FILED
Apr 23, 2003
Secretary of State

Entity Name: PREMIER INCOME PROPERTIES, INC.

Current Principal Place of Business:

15065 MCGREGOR BLVD
UNIT 104
FORT MYERS, FL 33908

New Principal Place of Business:

9101 COLLEGE PARKWAY
SUITE 206
FORT MYERS, FL 33919

Current Mailing Address:

15065 MCGREGOR BLVD
UNIT 104
FORT MYERS, FL 33908

New Mailing Address:

9101 COLLEGE PARKWAY
SUITE 206
FORT MYERS, FL 33919

FEI Number: 59-3440242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS A
15065 MCGREGOR BLVD
STE 104
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

WILLIAMS, THOMAS A
9101 COLLEGE PARKWAY
SUITE 206
FORT MYERS, FL 33919

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:

04/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORROW, JAY D
Address: 13451 MCGREGOR BLVD #31
City-St-Zip: FT MYERS, FL 33919

Title: STD () Delete
Name: WILLIAMS, THOMAS A
Address: 13451 MCGREGOR BLVD #31
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORROW, JAY D
Address: 9101 COLLEGE PARKWAY, SUITE 206
City-St-Zip: FT MYERS, FL 33919

Title: STD (X) Change () Addition
Name: WILLIAMS, THOMAS A
Address: 9101 COLLEGE PARKWAY, SUITE 206
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A WILLIAMS

SD

04/23/2003

Electronic Signature of Signing Officer or Director

Date