

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043311

1. Entity Name

PREMIER MEDICAL RESOURCES, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90033 016 ***150.00

Principal Place of Business

3683 SAPPHIRE LANE
PALM HARBOR FL 34684

Mailing Address

3683 SAPPHIRE LANE
PALM HARBOR FL 34684

C0021485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31177 US 19 N

3. Mailing Address

31177 US 19 N

Suite, Apt. #, etc.

#1506

Suite, Apt. #, etc.

#1506

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

US

Zip

34684

Country

US

4. FEI Number

59-3447265

Applied For

Not Applicable

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

FREY, CHRISTOPHER G ESQ.
2651 MCCORMICK DRIVE, SUITE 110
CLEARWATER FL 34619

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CONNELLY, FRANCIS J
3683 SAPPHIRE LANE
PALM HARBOR FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FRANCIS J. Connelly
31177 US 19 N #1506
PALM HARBOR FL 34684 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)