

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057377

1. Entity Name

PREMIER HOMES & POOLS, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90123 033 \*\*\*150.00

Principal Place of Business

1620 S CLYDE MORRIS  
STE 200  
DAYTONA BEACH FL 32119  
US

Mailing Address

1620 S CLYDE MORRIS BLVD  
STE 200  
DAYTONA BEACH FL 32119  
US

2. Principal Place of Business

555 W. Granada

3. Mailing Address

555 W. Granada Blvd.

Suite, Apt. #, etc.

C-4

Suite, Apt. #, etc.

C-4

City & State

Ormond Bch., FL

City & State

Ormond Bch., FL

Zip

32174

Country

USA

Zip

32174

Country

USA

6. Name and Address of Current Registered Agent

KARGER, MICHAEL  
124 WHITE HERON  
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

Michael Karger

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

7 Manderly Ln.

City

Ormond Beach

FL

Zip Code

32174

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-01

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

TITLE ☐ Delete  
NAME **D KARGER, MICHAEL**  
STREET ADDRESS **PO BOX 1215**  
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-01

Date

Daytime Phone #

CR2E034 (10/00)