2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2003 8:00 am Secretary of State

DOCUMENT # P97000099456 1. Entity Name PREMIER-NELSON GROUP, INC.									05-29-20	03 9014	1 005	***1	50.00	
Principal Place 205 E. CENTR SUITE 600 ORLANDO, FL	AL BLVD.	US	Mailing Address 301 E. PINE STREET SUITE 150 ORLANDO, FL 32801	301 E. PINE STREET Suite 150			1 (88)(8	الالمالية المالا	air a d ??! 86 111		istil	. 2/2 9/		
2. Principal Pi	lace of Busin	ess	3. Mailing Address 301 E. Pine	301 E. Pine St., Suite 150										l
Sulte, Apt.	#, etc.		Suite, Apt. #, etc., AHn: J. Kee	Suite Apt. 4, etc. AHn: J. Keefner				□ ci-	IECK HERE	IF MAKING	G CHAN			_
City & State	,			Orlando FL			4. FEI Number 59-3487068					Applied For Not Applicable		
Zip 		Country	32801	Coun	try	5. Certificate of Status Desi				Hee Hequired				
CDAMW K		, , , , , , , , , , , , , , , , , , , 	urrent Registered Agent		Name	7	7. Nam	e and Addre	sa of New I	Registered	Agent	-	<u>:</u>	1
301 E. PINE SUITE 150		THOMPSON L.			Street A	ddress (P.C	D. Box N	Number is No	ot Acceptab	e)	····			1
ORLANDO,	FL 32801													1
					City					FI	Zip	Code		
	named entitions of regist		ment for the purpose of changing	its registen	ed office or	registered	l agent,	or both, in th	e State of F	orida. I am	familiar	with, 8	ind accept	
SIGNATURE	Signalum, typėd	Or printed name of register	ed agent and tide if applicable. (N	OTE: Registere	d Agentaignal	une required who	en reinstal	ing)	****	DATE	<u> </u>			
After	May 1, 20	II FGE/S \$160 33 Fee will be \$6 o Florice Depart	50.00	-				9. Election t Trust Fun	Campaign Fi d Contributi				D May Be to Fees	1
10.		OFFICER	S AND DIRECTORS	11.			ADDIT	ONS/CHAN	GES TO OF	FIÇERS AN				1
NAME STREET ADDRESS City-S1-2P	205 E. CE	THOMAS A NTRAL BLVD. D, FL 32801	□ Delete	5		PCE Nelso 205 E	O On T E. Ce	thoma entral	s A. Blud.	#600	, XQ Ch	inge	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS NELSON, 253 GRAN	·	☐ Delete		E	Orta	pa i	O Pha	2/281		□ Ch	ange	Addition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-2P	YALI AIVA	3 & -	☐ Delete	TITLI NAM STRE	E						Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STH	E	,			<u>.</u>	· · · · · · · · · · · · · · · · · · ·	□ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	I -					<u>.</u>		□ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete								Ch	ange	Addition	T
indicated of the cor	12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **PRESIDENT 8** **SIGNATURE:** **Thomas A. Welson, CEO** **SIGNATURE:** **Thomas A. Welson, CEO** **SIGNATURE:** **Thomas A. Welson, CEO** **Th													
SIGNAT	TURE: _	SIGNATURE AND TY	PEDOR PRINTED NAME OF SIGNING OFFIC	A. Nel	SCV1 . (CEO		5/	25/0	19 40	2/ 3/ Caylima Pr	16-0 ione i	<u>11404</u>	