FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90017 003 ***150.00

427248

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101833

1. Entity Name
PREMISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4902 CREEKSIDE DRIVE	4902 CREEKSIDE DRIVE
Suite, Apt. #, etc. SUITE D	Suite, Apt. #, etc. SUITE D
City & State CLEARWATER, FLORIDA	City & State CLEARWATER, FLORIDA
Zip / Country 33762 / USA	Zip / Country 33762 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3481607
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NOWELS, ROBERT G.

Street Address (P.O. Box Number is Not Acceptable)
4902 CREEKSIDE DRIVE, SUITE D

City
CLEARWATER
FL
Zip Code
33762

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 Robert G. Nowels Robert G. Nowels 3-11-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D P T
NAME	NOWELS, ROBERT G.
STREET ADDRESS	4902 CREEKSIDE DRIVE, SUITE D
CITY-ST-ZIP	CLEARWATER, FLORIDA 33762
TITLE	D V S
NAME	JANOWIAK, JACQUELINE L.
STREET ADDRESS	4902 CREEKSIDE DRIVE, SUITE D
CITY-ST-ZIP	CLEARWATER, FLORIDA 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. NOWELS, PRESIDENT 3-11-02 727-540-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #