

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 027 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name Premier Shutters, Inc. ✓ P98000020222				4. FEI Number 59-3520859		Applied For <input type="checkbox"/> Not Applicable			
Principal Place of Business 2713 Aurora Road Melbourne, FL 32935				Mailing Address					
2. Principal Place of Business 7622 Emerald Drive Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State West Melbourne, FL				City & State					
Zip 32904		Country USA.		Zip		Country			
6. Name and Address of Current Registered Agent RL Jones 2495 Ricky Road Melbourne, FL 32935				7. Name and Address of New Registered Agent Name: RL Jones Street Address (P.O. Box Number is Not Acceptable) 441 North Harbour City Blvd. City: Melbourne FL Zip Code: 32935					
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: DATE: 7/6/2000 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: President NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Delete				TITLE: President NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: Vice-President NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input checked="" type="checkbox"/> Delete				TITLE: Vice-President NAME: Mike O'Connor STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: Secretary NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input checked="" type="checkbox"/> Delete				TITLE: Secretary NAME: Joanna Spina STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: Treasurer NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Delete				TITLE: Treasurer NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: Chief Executive Officer NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Delete				TITLE: Chief Executive Officer NAME: RL Jones STREET ADDRESS: 7622 Emerald Drive CITY-ST-ZIP: West Melbourne, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:				7/6/2000 (321)-752-9912					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #					

CRZE034 (9/99)