

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90100 017 \*\*\*150.00

**DOCUMENT # P98000027691**

**1. Entity Name**  
**PREMIER GROUP REFERRAL, INC.**



**Principal Place of Business**  
**6800 GULF BLVD**  
**ST. PETERSBURG FL 33707**

**Mailing Address**  
**6800 GULF BLVD**  
**ST. PETERSBURG FL 33707**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3515847**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**APPLE, GALE**  
**1187 79TH ST S**  
**ST. PETERSBURG FL 33707**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	APPLE, GALE J	
STREET ADDRESS	1187 79TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLE, NORMA	
STREET ADDRESS	1187 79TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHANNESSON, DANIEL	
STREET ADDRESS	8014 12TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROADWAY, RONALD	
STREET ADDRESS	8006 12TH AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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.**

**SIGNATURE:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/26/2003** **721 347-3191**  
**Date** **Daytime Phone #**

CR2E034 (10/02)