## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am & Secretary of State P98000037019 DOCUMENT # 1. Entity Name 03-26-2002 90061 009 \*\*\*150.00 PREMIER ONE ENTERPRISES, INC. Principal Place of Business Mailing Address 3300 PGA BLVD. 3300 PGA BLVD. SUITE 810 SUITE 810 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business Mailing Address 3801 PGA Blvd 3801 PGA Blyd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 806 806 Applied For City & State City & State 4. FEI Number 65-0843529 xeach Gaidens Fl Palm Beach Coardens Fl Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE SANCTIS, PETER V Street Address (P.O. Box Number is Not Acceptable) & Company, P.A. HIXSON, MARIN, POWELL & DE SANCTIS 3801 PGA BIVD. Suite 806 3300 PGA BLVD STE 810 PALM BEACH GARDENS FL 33410 Zip Code Cipalm Beach Gardens 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) **™** Change ☐ Addition TITI F TITLE ☐ Defete NAME MEKLED, MICHAEL NAME 3801 PGA Blvd., Suite 806 3300 PGA BLVD., SUITE 810 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Halm Beach Gardens FL 33410 TITLE VΡ ☐ Delete TITLE Change ☐ Addition NAME OWEN, JASON R NAME 3801 PGA BIRD, SU'tH 806 STREET ADDRESS STREET ADDRESS 3300 PGA BLVD., SUITE 810 Palm Beach Gardens FL 33410 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Delete TITLE Change ☐ Addition TITLE S NAME NAME MEKLED, RAKEN 3801 PGA Blvd., Suite 806 STREET ADDRESS STREET ADDRESS 3300 PGA BLVD., SUITE 810 CITY-ST-ZIP Palm Beach Garriers FL 33410 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

ALCUME Jason Dwen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #