

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 28, 2002 8:00 am  
Secretary of State

02-28-2002 90046 017 \*\*\*158.75

**DOCUMENT # P98000053551**

1. Entity Name  
**PREMIER DEALER SERVICES, INC.**

Principal Place of Business  
**701 NORTHLAKE BLVD  
STE 201  
NORTH PALM BEACH FL 33408**

Mailing Address  
**701 NORTHLAKE BLVD  
STE 201  
NORTH PALM BEACH FL 33408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3516806**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**BOWLUS, MICHAEL  
10110 SAN JOSE BLVD  
JACKSONVILLE FL 32257**

## 7. Name and Address of New Registered Agent

Name **JAMES COPELAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**8895 N. MILITARY TRAIL**  
City **PAIM BEACH GARDENS** FL Zip Code **33410**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-16-02**  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCNAIR, JERRY 11457 SAN JOSE BLVD SUITE 108 JACKSONVILLE FL 32223</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STEED, FRANK L 11457 SAN JOSE BLVD #108 JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STEED, FRANK L. 701 NORTHLAKE BLVD. #201 NORTH PALM BEACH, FL 33408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **FRANK L. STEED, Pres Rmt** **561-841-9515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)