

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 048 ***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
533 NORTHLAKE BLVD.
Suite, Apt. #, etc.
SUITE # 4

3. Mailing Address
533 NORTHLAKE BLVD.
Suite, Apt. #, etc.
SUITE # 4

City & State
NORTH PALM BEACH, FL.
Zip
33408
Country
PALM BEACH

City & State
NORTH PALM BEACH, FL.
Zip
33408
Country
PALM BEACH



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3516806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JAMES, COPELAND
8896 N. MILITARY TRL
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name **STEED, FRANK**
Street Address (P.O. Box Number is Not Acceptable)
533 NORTHLAKE BLVD. #4
City **NORTH PALM BEACH** FL Zip Code **33408**

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 *Frank Steed* **FRANK STEED**

4-10-03

FILED NOV 11 2003 BY 15360100
STATE OF FLORIDA
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEED, FRANK L 533 NORTHLAKE BLVD #4 NORTH PALM BEACH, FL 33408	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank L. Steed* **FRANK L. STEED, PRES.** **4-10-03** **5618419515**

CR2E034 (10/02)