

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056219

1. Entity Name

PREMIER CATASTROPHE SERVICES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90304 011 ***150.00

Principal Place of Business

4025 TAMPA RD
1202
OLDSMAR FL 34677

Mailing Address

PO BOX 1672
OLDSMAR FL 34677-1672

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

59-3522474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIES, DAVID LOUIS
16304 COLWOOD DR.
ODESSA FL 33556

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MARIES, DAVID LOUIS	
STREET ADDRESS	16304 COLWOOD DR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, AMOS E	
STREET ADDRESS	831 LYDIA AVE.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARTMAN, TIMOTHY K	
STREET ADDRESS	1771 RANCHWOOD DR. S.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SCOTT, STEPHEN A	
STREET ADDRESS	169 KEARNEY DR.	
CITY-ST-ZIP	ROCHESTER NY 14617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1426 Glenview Rd.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)