

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077925

1. Entity Name

PREMIERE/LASEROMICS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90028 025 \*\*\*150.00

Principal Place of Business

6399 142ND AVE., NORTH  
SUITE 116  
CLEARWATER FL 33760

Mailing Address

~~141 5TH STREET, NW~~  
~~SUITE 100~~  
~~WINTER HAVEN FL 33881-4642~~

2. Principal Place of Business

3. Mailing Address

505 AVENUE A, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

City & State

City & State

WINTER HAVEN, FLORIDA

Zip

Country

Zip

33881-4626

Country

US

4. FEI Number

59-3534967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOVONI, BRIAN R  
141 5TH STREET, NW  
SUITE 100  
WINTER HAVEN FL 33881

Name

GOVONI, BRIAN R.

Street Address (P.O. Box Number is Not Acceptable)

505 AVENUE A, NW, SUITE 102

City

WINTER HAVEN

FL

Zip Code

33881-4626

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SPECK, ARTHUR  
401 MARILYN LANE  
DAVENPORT FL 33837 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SPECK, ARTHUR  
401 MARILYN LANE  
DAVENPORT FL 33837 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPO  
GOVONI, BRIAN R  
141 5TH STREET, NW, SUITE 100  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, T  
GOVONI, BRIAN R.  
505 AVENUE A, NW, SUITE 102  
WINTER HAVEN, FLORIDA 33881-4626 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P  
MILLER, MARTIN  
1244 ROYAL OAK DRIVE  
DUNEDIN, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GONZALEZ, FRANCISCO D, VP  
5317 TAYLOR RD.  
LUTZ FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, S  
MILLER, MARTHA  
1244 ROYAL OAK DRIVE  
DUNEDIN-FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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)