

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P98000077925**

1. Entity Name

**PREMIERE/LASEROMICS, INC.**

Principal Place of Business 6399 142ND AVE., NORTH SUITE 116 CLEARWATER FL 33760	Mailing Address <del>141 5TH STREET, NW</del> <del>SUITE 100</del> <del>WINTER HAVEN FL 33881-4642</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 505 AVENUE A, NW Suite, Apt. #, etc. SUITE 102
City & State	City & State WINTER HAVEN, FLORIDA
Zip Country	Zip Country 33881-4626 US

4. FEI Number 59-3534967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 **Brian R. Govoni** DATE **5/1/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <input type="checkbox"/> Delete <b>SPECK, ARTHUR</b> <b>401 MARILYN LANE</b> <b>DAVENPORT FL 33837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CPO</b> <b>GOVONI, BRIAN R</b> <b>141 5TH STREET, NW, SUITE 100</b> <b>WINTER HAVEN FL 33881</b>
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 <b>D</b> <b>SPECK, ARTHUR</b> <b>401 MARILYN LANE</b> <b>DAVENPORT FL 33837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D, T.</b> <b>GOVONI, BRIAN R.</b> <b>505 AVENUE A, NW, SUITE 102</b> <b>WINTER HAVEN, FLORIDA 33881-4626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D, P</b> <b>MILLER, MARTIN</b> <b>1244 ROYAL OAK DRIVE</b> <b>DUNEDIN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GONZALEZ, FRANCISCO D, VP</b> <b>5317 TAYLOR RD.</b> <b>LUTZ FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D, S</b> <b>MILLER, MARTHA</b> <b>1244 ROYAL OAK DRIVE</b> <b>DUNEDIN FL</b>
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)(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: **Brian R. Govoni** DATE **5/1/00** (813) 294-5925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)