

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000077925**

1. Entity Name

**PREMIERE/LASEROMICS, INC.****FILED****May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90180 013 \*\*\*150.00

Principal Place of Business

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

Mailing Address

505 AVE A NW  
STE 102  
WINTER HAVEN FL 33881-4626  
US

2. Principal Place of Business

**7273 Bryan Dairy Road**

Suite, Apt. #, etc.

3. Mailing Address

**7273 Bryan Dairy Road**

Suite, Apt. #, etc.

City &amp; State

**Largo, FL**

City &amp; State

**Largo, FL**

4. FEI Number

**59-3534967**

Applied For

Not Applicable

Zip

**34647**

Country

**USA**

Zip

**34647**

Country

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

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R  
505 AVE A NW  
STE 102  
WINTER HAVEN FL 33881-4626

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, 2001 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 **D** ☐ Delete  
NAME **SPECK, ARTHUR**  
STREET ADDRESS **401 MARILYN LANE**  
CITY-ST-ZIP **DAVENPORT FL 33837**TITLE **DT** ☐ Delete  
NAME **GOVONI, BRIAN R**  
STREET ADDRESS **505 AVE A NW STE 102**  
CITY-ST-ZIP **WINTER HAVEN FL 33881-4626**TITLE **DP** ☐ Delete  
NAME **MILLER, MARTIN**  
STREET ADDRESS **1244 ROYAL OAK DRIVE**  
CITY-ST-ZIP **DUNEDIN FL**TITLE **DV** ☐ Delete  
NAME **GONZALEZ, FRANCISCO**  
STREET ADDRESS **5317 TAYLOR RD**  
CITY-ST-ZIP **LUTZ FL**TITLE **DS** ☐ Delete  
NAME **MILLER, MARTHA**  
STREET ADDRESS **1244 ROYAL OAK DRIVE**  
CITY-ST-ZIP **DUNEDIN FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 (10/00)