

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078139

1. Entity Name
PREMIERE HOUSING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90103 008 ***150.00

Principal Place of Business
1949 WEST MEMORIAL BOULEVARD
LAKELAND FL 33801

Mailing Address
1949 WEST MEMORIAL BOULEVARD
LAKELAND FL 33804-3484

2. Principal Place of Business

3. Mailing Address

P.O. Box 93484

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKELAND FLA

4. FEI Number 59-3532281

Applied For

Not Applicable

Zip

Country

Zip
33804

Country

USA

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

JORGE, RODOLFO
1949 WEST MEMORIAL BOULEVARD
LAKELAND FL 33801

Name
Rodolfo Jorge

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

1702 SHERWOOD LAKES

City
LAKELAND

FL

Zip Code
33809

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 Rodolfo Jorge
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
D
JORGE, RODOLFO
1949 WEST MEMORIAL BOULEVARD
LAKELAND FL 33801

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
William T. Mims
Easton Ave
LAKELAND FL 33803

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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)(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:

Rodolfo Jorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/00

Date

Daytime Phone #

CR2E034 (9/99)