

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000097771**

1. Entity Name  
**PREMIER HOMES OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
3135 S.R. 580.. SUITE 5  
SAFETY HARBOR FL 34695

Mailing Address  
3135 S.R. 580.. SUITE 5  
SAFETY HARBOR FL 34695

2. Principal Place of Business  
**5130 Eisenhower Blvd** Suite 280  
Suite, Apt. #, etc.  
**Tampa, FL.**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
**33634 USA**

City & State  
**Tampa, FL.**  
Zip  
**33634** Country  
**USA**

City & State  
**Tampa, FL.**

4. FEI Number **59-3543245**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMITH, RONALD G  
312 TALL OAK TRAIL  
TARPON SPRINGS FL 34689**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-14-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE **P**  Delete  
NAME **SMITH, RONALD G**  
STREET ADDRESS **312 TALL OAK TRAIL**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE **MARCUS G. SMITH**  Change  Addition  
NAME **12806 TALL FLOWER DR.**  
STREET ADDRESS **TAMPA, FL 33625**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Change  Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald G. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 813-887-5090

Daytime Phone #