## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🖎

## Jun 08, 2000 8:00 am DOCUMENT # **P98000105927** 1. Entity Name Secretary of State PREMIER DEVELOPMENT, INC. 06-08-2000 90041 045 \*\*\*550.00 Mailing Address Principal Place of Business 736 PINELLAS BAYWAY SOUTH 736 PINELLAS BAYWAY SOUTH ST PETERSBURG FL 33715 ST PETERSBURG FL 33715-1949 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3550653 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YIMIN, TERRY A Street Address (P.O. Box Number is Not Acceptable) 736 PINELLAS BAYWAY SOUTH ST. PETERSBURG FL 33715 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P/VP/T/S ☐ Change Addition TITLE ☐ Delete TITLE YIMIN, TERRY A NAME NAME 736 PINELLAS BAYWAY SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ST. PETERSBURG FL 33715 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS 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