

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000001233

FILED
Jun 28, 2002 8:00 AM
Secretary of State

Entity Name: PREMIER COLOR, INCORPORATED

Current Principal Place of Business:

15421 BALM-WIMAUMA RD.
WIMAUMA, FL 33598

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 538
BALM, FL 33503

New Mailing Address:

FEI Number: 59-3549212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMKEY, SCOTT DAVID
15421 BALM-WIMAUMA RD.
WIMAUMA, FL 33598 US

Name and Address of New Registered Agent:

LEWIS, KYLE M
15421 BALM-WIMAUMA RD.
WIMAUMA, FL 33598 US

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: KYLE M. LEWIS

06/28/2002

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMKEY, JAMES M
Address: P.O. BOX 538
City-St-Zip: BALM, FL 33503 US

Title: V (X) Delete
Name: FULKS, OKEY J
Address: P.O. BOX 538
City-St-Zip: BALM, FL 33503

Title: TS (X) Delete
Name: ROMKEY, SCOTT D
Address: P.O. BOX 538
City-St-Zip: BALM, FL 33503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: LEWIS, KYLE M
Address: P.O. BOX 538
City-St-Zip: BALM, FL 33503 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE M. LEWIS

P

06/28/2002

Electronic Signature of Signing Officer or Director

Date