

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002541

1. Entity Name

PREMIER CONTRACTING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90157 022 ***150.00

701729



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1 INDEPENDENT DR.,STE.2301
JACKSONVILLE FL 32202

1 INDEPENDENT DR.,STE.2301
JACKSONVILLE FL 32202-5017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106 Hercules Drive East

City & State

City & State

Orange Park FL

4. FEI Number

59-3550334

Applied For

Not Applicable

Zip

Country

Zip

Country

32073

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

HOLBROOK, H. LEON III
1 INDEPENDENT DR.,STE.2301
JACKSONVILLE FL 32202

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, 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	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, H. LEON III	
STREET ADDRESS	1 INDEPENDENT DR.,STE.2301	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ROBERT S	
STREET ADDRESS	1 INDEPENDENT DR.,STE.2301	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOWAN, P. THRODOR	
STREET ADDRESS	1 INDEPENDENT DR.,STE.2301	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZELL, A. DEWITT	
STREET ADDRESS	1 INDEPENDENT DR.,STE.2301	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

A. Dewitt Mizell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

904 276 3644

Daytime Phone #

CR2E034 (9/99)