

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90015 047 ***155.00

DOCUMENT # P99000010124

1. Entity Name
PREMIER PRODUCTS OF AMERICA, INC.

Principal Place of Business 4500 140TH AVE. NORTH 113 CLEARWATER FL 33762	Mailing Address 4500 140TH AVE. NORTH 113 CLEARWATER FL 33762
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14450 46th St N. Suite, Apt. #, etc. 110	3. Mailing Address 14450 46th St N Suite, Apt. #, etc. 110
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City & State CLEARWATER FL	City & State CLEARWATER FL	4. FEI Number 59-3554756	Applied For <input type="checkbox"/> Not Applicable
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Zip 33762	Country FLORIDA	Zip 33762	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CARLIN, JOHN M
 6822 22ND AVENUE NORTH
 SUITE 223
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent
 Name **CARLIN JOHN M**
 Street Address (P.O. Box Number is Not Acceptable)
4500 140th AVE North
 City **CLEARWATER FL** Zip Code **33762**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 CARLIN, JOHN M	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4500 140TH AVE. NORTH, SUITE 113	CITY-ST-ZIP CLEARWATER FL 33762	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	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: *John M. Carlin* **J.M. CARLIN** 4/26/02 727 532-9226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)