

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021007

1. Entity Name

PREMIER EXECUTIVE SERVICES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90249 006 ***158.75

Principal Place of Business

Mailing Address

710 EXECUTIVE CENTER DR., #4-13
W. PALM BCH FL 33401

710 EXECUTIVE CENTER DR., #4-13
W. PALM BCH FL 33401-4969

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910174

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JAYNE M
631 LINNET CIR.
DELRAY BCH FL 33444

Name

Deric Tipton

Street Address (P.O. Box Number is Not Acceptable)

14882 Horseshoe Trace

City

Wellington

FL

Zip Code

33414

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 Deric Tipton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE

4-30-00

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 PSD
NAME HEITMAN, SCOTT ☐ Delete
STREET ADDRESS 710 EXECUTIVE CENTER DR., #4-13
CITY-ST-ZIP W. PALM BCH FL 33401

TITLE T ☐ Change ☒ Addition
NAME Tipton, Deric T
STREET ADDRESS 14882 Horseshoe Trace
CITY-ST-ZIP Wellington, FL, 33414

TITLE T ☒ Delete
NAME STEWART, JAYNE M
STREET ADDRESS 631 LINNET CIR.
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE T ☒ Change ☐ Addition
NAME STEWART, JAYNE M
STREET ADDRESS 631 LINNET CIR.
CITY-ST-ZIP DELRAY BCH FL 33444

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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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Brinn Scott Heitman PSD: Brinn Scott Heitman 4-30-00 561-712-9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF E034 (9/99)