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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* AMENDED *

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031748.

1. Entity Name

PREMIER TRANSPORT + TOWING, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
390 BUSSINESS PKWY 1G	390 BUSSINESS PKWY 1G
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH, FL	City & State: ROYAL PALM BEACH, FL.
Zip: 33411. Country: U.S.A.	Zip: 33411. Country:

4. FEI Number: 65-0906091. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VAN-AM CLIFF

Street Address (P.O. Box Number is Not Acceptable): 390 BUSSINESS PKWY 1G.

City: ROYAL PALM BEACH FL Zip Code: 33411.

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 ____________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	VAN-AM, CLIFF
STREET ADDRESS	9328 SABLERIDGE #1D.
CITY-ST-ZIP	BOCA RATON, FL. 33428.
TITLE	VP-S
NAME	DORVICK, LAURA
STREET ADDRESS	3310 N.E. 14 AVE
CITY-ST-ZIP	POMP BCH, FL 33064.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF VAN-AM 04-03-03 (954) 303-3055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #
800743666
P99000031748

Additional Directors

Harris, Ray
21025 Madria Circle

Boca Raton, FL 33433

Verity Susan
21111 Escondido Way North

Boca Raton, FL 33433

Al Ioselevich-Vice President
21005 Madria Circle

Boca Raton FL 33433