

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90002 039 ***150.00

0025013

DOCUMENT # P99000039835

1. Entity Name

FLORIDA'S PREMIER PROPERTIES INC.

Principal Place of Business

Mailing Address

2111 N FLAGLER DR
 27
 WEST PALM BEACH FL 33407

P.O. BOX 2426
 PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

701 Palm Ave

PO Box 1083

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KEY WEST FL

KEY WEST FL

City & State

City & State

33040 USA

33041 USA

Zip

Country

Zip

Country

4. FEI Number

65-0931036

Applied For

Not Applicable

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

GODSELL, PATRICK J
2111 N FLAGLER DR #6
WEST PALM BEACH FL 33407

Name **PATRICK GOOSELL J.**

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

335 DUVAL ST

KEY WEST FL 33041

City

KEY WEST FL

FL

Zip Code

33041

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)

4/22/01

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, 2001 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 **PD** Delete
 NAME **GONSEOOD, PATRICK J**
 STREET ADDRESS **2111 N FLAGLER 27**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **PD** Change Addition
 NAME **PATRICK GODSELL J.**
 STREET ADDRESS **335 DUVAL ST**
 CITY-ST-ZIP **KEY WEST FL 33041**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

(305) 304-7224

Daytime Phone #

CR2E034 (1/0/00)