## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P990000 44873 1. Entity Name Premier Enterplises Unlimited Inc. 02 APR 16 PM 3: 44 **SECRETARY OF STATE** TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1325 Tenvessee St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #10 4. FEI Number City & State City & State Applied For Tallaha 59 360468 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Krueg DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE # 10 lahassee 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. VOSe12 SIGNATURE \_ registered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE TITLE Joseph Krueger NAME NAME 1325 E Tenressee ST # 10 STREET ADDRESS STREET ADDRESS Talla hassec CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Gay 0 50 76,75 M NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZBP CITY-ST-ZIP TITLE TITLE 200005282852-NAME NAME -04/16/02--01063--001 STREET ADDRESS STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

AZORE AND DIPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/15/02

(8.80877-8886

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