


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000044873 1. Entity Name PREMIER ENTERPRISES UNLIMITED, INC.			90117797
Principal Place of Business 1325 E. TENNESSEE STREET #10 TALLAHASSEE, FL 32312		Mailing Address 1325 E. TENNESSEE STREET #10 TALLAHASSEE, FL 32312	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3884885		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUEGER, JOSEPH 1325 E. TENNESSEE STREET #10 TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Danny J. Suggs Street Address (P.O. Box Number is Not Acceptable) 1325 E Tennessee St #10 City Tallahassee FL Zip Code 32308	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Danny J. Suggs</i> <small>(Signature, typed or printed name of registered agent and his or her address.)</small>		DATE 4/29/03 <small>(NOTE: Registered Agent Signature Required when Missing)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P8T KRUEGER, JOSEPH 1325 E. TENNESSEE STREET TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Danny J. Suggs 1325 E Tennessee St #10 Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUGGS, GARY D 7676 NW 44TH STREET LAKE PANASOFKEE, FL 33638	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Danny J. Suggs</i> <small>(Signature and typed or printed name of former officer or director)</small>		DATE: 4/29/03 Phone #: 850-877-8899	

CR20034 (10/02)