2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90320 037 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000046337

1. Entity Name
PREMIER BUILDING MAINTENANCE, INC.

Principal Place of Business
1640 WICHITA BLVD. S.E.
PALM BAY FL 32909

Mailing Address
PO BOX 100825
PALM BAY FL 32910-0825

2. Principal Place of Business: 1640 Wichita Blvd SE
Suite, Apt. #, etc.: Palm Bay, FL
City & State:
Zip: 32909 Country: USA

3. Mailing Address: P.O. Box 100825
Suite, Apt. #, etc.
City & State: Palm Bay, FL
Zip: 32910 Country: USA

4. FEI Number: 59-3576146 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RASKETT, DEBORAH
1640 WICHITA BLVD. S.E.
PALM BAY FL 32909

7. Name and Address of New Registered Agent
Name: Deborah Raskett
Street Address (P.O. Box Number is Not Acceptable): 1640 Wichita Blvd SE
City: Palm Bay FL Zip Code: 32909

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 Deborah Raskett [signature] 4-17-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P RASKETT, DEBORAH 1640 WICHITA BLVD. S.E. PALM BAY FL 32909 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] Pres. 4-17-01 321-728-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #