


**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90134 020 \*\*\*150.00

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

**DOCUMENT # P99000049191**

1. Entity Name  
**PREMIER PERSONNEL, INC.**



Principal Place of Business  
**12995 S CLEVELAND AVE PBS 1  
 FORT MYERS FL 33907**

Mailing Address  
**12995 S CLEVELAND AVE PBS 1  
 FORT MYERS FL 33907**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0930840** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

00010001



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DODGE, TIMOTHY R  
 8695 COLLEGE PARKWAY, SUITE 338  
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **LORI LANE**

Street Address (P.O. Box Number is Not Acceptable)  
**12995 S. CLEVELAND AVE PBS 1**

City **FT MYERS, FL** Zip Code **33907**

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 Lori Lane (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DODGE, TIMOTHY R</b>	
STREET ADDRESS	<b>1299 S CLEVELAND AVE PBS1</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LANE, LORI A</b>	
STREET ADDRESS	<b>12995 S CLEVELAND AVE PBS1</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: SIGNATURE REQUIRED President 1/06/03

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

CR2E034 (10/02)