

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90016 018 ***150.00

DOCUMENT # P99000068587

1. Entity Name
PREMIERE/COMPLETE, INC.

Principal Place of Business Mailing Address
~~141 5TH STREET NW STE 100~~ ~~141 5TH STREET NW STE 100~~
~~WINTER HAVEN FL 33881~~ ~~WINTER HAVEN FL 33881-4042~~

2. Principal Place of Business 3. Mailing Address
505 AVENUE A, NW **505 AVENUE A, NW**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 102 **SUITE 102**

City & State City & State
WINTER HAVEN, FL **WINTER HAVEN, FL**

Zip Country Zip Country
33881-4626 **US** **33881-4626** **US**

4. FEI Number Applied For
59-3607992 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
GOVONI, BRIAN R. **GOVONI, BRIAN R.**
141 5TH STREET NW, STE. 100 **505 AVENUE A, NW, SUITE 102**
WINTER HAVEN FL 33881 **WINTER HAVEN, FL 33881-4626**

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]* *[Signature]* *[Signature]* DATE **5/1/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 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	D	<input type="checkbox"/> Delete	TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVONI, BRIAN R		NAME	GOVONI, BRIAN R.	
STREET ADDRESS	141 5TH STREET NW, STE. 100		STREET ADDRESS	505 AVENUE A, NW, SUITE 102	
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	WINTER HAVEN, FL 33881-4626	
TITLE		<input type="checkbox"/> Delete	TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MILLER, MARTIN	
STREET ADDRESS			STREET ADDRESS	1244 ROYAL OAK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete	TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GONZALEZ, FRANCISCO	
STREET ADDRESS			STREET ADDRESS	5317 TAYLOR RD.	
CITY-ST-ZIP			CITY-ST-ZIP	LUTZ, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MILLER, MARTHA	
STREET ADDRESS			STREET ADDRESS	1244 ROYAL OAK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HARDING, ALAN	
STREET ADDRESS			STREET ADDRESS	257 PINE LAKE VIEW DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* *[Signature]* *[Signature]* DATE **5/1/00** Daytime Phone # **(863) 294-5905**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)