

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000068587**

1. Entity Name

PREMIERE/COMPLETE, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90180 015 ***150.00

Principal Place of Business

Mailing Address

505 AVENUE A. NW
SUITE 102
WINTER HAVEN FL 33881-4626
US505 AVENUE A. NW
SUITE 102
WINTER HAVEN FL 33881-4626
US

2. Principal Place of Business

7273 Bryan Dairy Road

3. Mailing Address

7273 Bryan Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

34647

Country

USA

Zip

34647

Country

USA

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R
505 AVENUE A NW SUITE 102
WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3607992**

Applied For

Not Applicable

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

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, 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 State10. 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 **DT** ☐ Delete
NAME **GOVONI, BRIAN R**
STREET ADDRESS **505 AVENUE A, NW SUITE 102**
CITY-ST-ZIP **WINTER HAVEN FL 33881-4626**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **MILLER, MARTIN**
STREET ADDRESS **1244 ROYAL OAK DRIVE**
CITY-ST-ZIP **DUNEDIN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVP** ☐ Delete
NAME **GONZALEZ, FRANCISCO**
STREET ADDRESS **1244 ROYAL OAK DRIVE**
CITY-ST-ZIP **DUNEDIN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **MILLER, MARTHA**
STREET ADDRESS **1244 ROYAL OAK DRIVE**
CITY-ST-ZIP **DUNEDIN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HARDING, ALAN**
STREET ADDRESS **257 PINE LAKE VIEW DRIVE**
CITY-ST-ZIP **DAVENPORT FL 33837**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)