

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90439 020 ***158.75

DOCUMENT # P99000071132

1. Entity Name
PREMIUM PROPERTIES OF MARCO ISLAND, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
936 N. COLLIER BLVD

3. Mailing Address
P.O. BOX 2619

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

4. FEI Number
59-3610980

Applied For
 Not Applicable

Zip
34145

Country
U.S.A.

Zip
34146

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GLOVER, GREGORY J.

Street Address (P.O. Box Number is Not Acceptable)
1615 ORLEANS CT

City
MARCO ISLAND FL Zip Code
34145

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 *Gregory J. Glover*
Signature, typed or printed name of the registered agent and date if applicable

GREGORY J. GLOVER
PRESIDENT

4/30/02
DATE

(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See Criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLOVER, GREGORY J. 1615 ORLEANS CT MARCO ISLAND, FL 34145
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13. The declarant certifies that the information submitted with this filing complies with the exemption stated in Section 19.07(2)(b), Florida Statutes. I further certify that the information included in 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 holder of trustee responsibilities to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 11 or 12 of this document in an address, which is not like in previous.

SIGNATURE: *Gregory J. Glover*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. GLOVER **4/30/02**

CR2E034B (12/01)