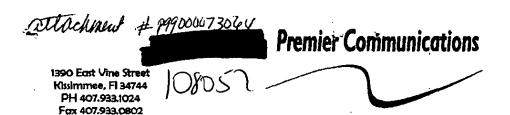
8/1 2000 UNIFORM BUSINESS REPORT (UBR) Aug 31, 2000 8:00 am Secretary of State DOCUMENT # P99000073064 PREMIER PLUS, INC. 08-15-2000 90014 010 ***150.00 Principal Place of Business Mailing Address 310 E LARE BD 310 E LAKE RD PALM HARBOR FL 34685 PAUNT HARBOR FL 34685 2. Principal Place of Business Mailing Address 390 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1. OFFICERS AND DIRECTORS 11. (2,00) ☐ Addition Delete TITLE ☐ Change TIME SINENO, JOSEPH JR NAME NAME CR2E034 STREET ADDRESS 310 E LAKE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 sinend, hothleen ☐ Change ☐ Addition TITLE MLE vice Presi 390 E. vine NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1150 mmee CITY-ST-ZIP ☐ Addition ☐ Change C Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete NTLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change Delete TITLE NAME NAAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:



4601 W. Kennedy Blvd. Suite 100 Tampa, Fl 33509 PH 813.289,5234 Fax 813.207,2057

8/8/00

To whom It may concerp:

address this payment is late. In unfortunately it was caught up in unfortunately it was caught up in the mail and sat at our previous address for a while Defore we address for a while Defore we were notified. I apologing for the delay.

Succeedy,

VOUDO Street