

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90228 034 \*\*\*150.00

**659966**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000089171

1. Entity Name

PREMIER EQUITY FINANCIAL INC.

Principal Place of Business

Mailing Address

2025 Florence Villa Grove Rd  
 DAVENPORT FL 33837

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603258

Applied For

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

Name

Charles Gilman

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

2025 Florence Villa Grove Road

City

Davenport

FL

Zip Code

33837

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

James W. Culp

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 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 VP  
 NAME Charles Gilman  
 STREET ADDRESS 2025 Florence Villa Grove Road  
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  
 NAME James Culp  
 STREET ADDRESS 2025 Florence Villa Grove Road  
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE  
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 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James W. Culp

4-30-01

863-420-2730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)