FILED

03 AUG 28 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089171

1. Entity Name
PREMIER EQUITY FINANCIAL, INC.

Principal Place of Business	Mailing Address
1216 BOWMAN ST. CLERMONT, FL 34711	1216 BOWMAN ST. CLERMONT, FL 34711

2. Principal Place of Business	3. Mailing Address
1635 E Hwy 50	1635 E Hwy 50
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 101
City & State Clermont FL	City & State Clermont FL
Zip 34711 Country USA	Zip 34711 Country USA

☐ CHECK HERE IF MAKING CHANGES

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
GILMAN, CHARLES 2026 FLORENCE VILLA GROVE ROAD DAVENPORT, FL 33837	Name Charles Gilman Street Address (P.O. Box Number Is Not Acceptable) 1847 SE Port St Lucie Blvd. City Port St Lucie FL Zip Code 34952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! - FEE IS $150.00
After May 1 2003 Fee will be $550.00
Late Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMAN, CHARLES 1216 BOWMAN ST. CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charles Gilman 1847 SE Port St Lucie Blvd. Port St Lucie FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CULP, JAMES 1216 BOWMAN ST. CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Culp James E Hwy 50 ste 100 1635 Clermont FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000022[illegible] 08/28/03--01069--001 **550.00	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/27/03 352.255.3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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