

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092111

1. Entity Name

PREMIER OIL, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90138 026 ***150.00

Principal Place of Business

Mailing Address

326 GREEN ACRES ROAD
 FORT WALTON BEACH FL 32548

P.O. BOX 1180
 FORT WALTON BEACH FL 32549-1180

2. Principal Place of Business

3. Mailing Address

206 Jonquil Ave NW
 Suite, Apt. #, etc.

PO Box 1177
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Ft Walton Beach, FL		City & State Ft Walton Beach, FL		4. FEI Number 59-3597221	Applied For <input type="checkbox"/> Not Applicable
Zip 32548	Country USA	Zip 32549	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRI, DANIEL C
 5 CLIFFORD DRIVE
 SHALIMAR FL 32579

Name

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

City

FL

Zip Code

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, JIM C P.O. BOX 1180 FORT WALTON BEACH FL 32549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 1177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Steven C. Boswell 331 Antigua Way Niceville, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Mary Jo Boswell 25 Anastasia Dr. SE Ft Walton Bch, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Kenneth M. Boswell 804 SPANISH MOSS TRAIL DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/24/00 863-5310
 Date Daytime Phone #

CR2E034 (9/99)