

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101088

1. Entity Name
PREMIUM PROCESSORS, INC.



FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90162 021 ***150.00

0463874 AV

Principal Place of Business
2102 CLIMBING IVY DRIVE
TAMPA FL 33618

Mailing Address
2102 CLIMBING IVY DRIVE
TAMPA FL 33618

10016779



2. Principal Place of Business

5207 ST. PAUL ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5327

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 59-3609016

Applied For
Not Applicable

Zip
33619

Country
USA

Zip
33675

Country
USA

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

HOLMES, JOHN
3406 HAWTHORNE RD. WEST
TAMPA FL 33611

change to →

Name
HOLMES, JOHN

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

3910 DREXEL AVE

City
TAMPA

FL Zip Code 33611

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 *John Holmes* JOHN HOLMES

1/28 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

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 D
NAME HOLMES, JOHN
STREET ADDRESS 3406 HAWTHORNE RD.
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE D
NAME HOLMES, JOHN
STREET ADDRESS 3910 DREXEL AVE
CITY-ST-ZIP TAMPA FL 33611 ☒ Change ☐ Addition

TITLE DT
NAME TSUI-KUEN, H WU
STREET ADDRESS 2102 CLIMBING IVY DRIVE
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 fee empowered.

SIGNATURE:

John Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28 03

(813)
628-8859
Daytime Phone #

CR2E034 (10/02)