

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20233

1. Entity Name

PREMIER MORTGAGE GROUP, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90060 026 ***550.00

Principal Place of Business

1917 BOOTHE CIR
STE 131
LONGWOOD FL 32750
US

Mailing Address

1917 BOOTHE CIR
STE 131
LONGWOOD FL 32750
US

2. Principal Place of Business

605 CRESCENT EXECUTIVE CT
Suite, Apt. #, etc.
300

3. Mailing Address

605 CRESCENT EXECUTIVE CT
Suite, Apt. #, etc.
300

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3110700

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICCI, PAUL G
1917 BOOTHE CIR
SUITE 131
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Ricci, Paul G

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

605 CRESCENT EXECUTIVE CT

STE 300

City

LAKE MARY

FL

Zip Code

32746

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RICCI, PAUL G
685 SILK OAK TERR
LAKE MARY FL 32746 ☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ 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 REQUIRED Ricci, PAUL G 9-7-00 407/585-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)