

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25598

1. Entity Name

PREMIERE MANAGEMENT SERVICES, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90045 022 ***150.00

Principal Place of Business

PEMIERE MUG SUC
2350 FOX CHASE BLVD.
PALM HARBOR FL 34683
US

Mailing Address

PEMIERE MUG SUC
2350 FOX CHASE BLVD.
PALM HARBOR FL 34683-2305
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3112313

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

SPROWLS, JOSEPH D.
2350 FOX CHASE BLVD.
PALM HARBOR FL 34683

Name

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

City

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 PS
NAME SPROWLS, JOSEPH D.
STREET ADDRESS 1452 BAY VIEW
CITY-ST-ZIP TARPON SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT
NAME SPROWLS, MARIE
STREET ADDRESS 1452 BAYVIEW ST.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME HOSKINS, LISA
STREET ADDRESS 4838 RIDGEMOR CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34685

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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

Date

Daytime Phone #

CR2E034 (9/99)