

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 08:00 AM  
Secretary of State

DOCUMENT # V25598

1. Entity Name  
PREMIERE MANAGEMENT SERVICES, INC.

Principal Place of Business  
PEMIERE MUG SUC  
2350 FOX CHASE BLVD.  
PALM HARBOR FL 34683 US

Mailing Address  
P O BOX 2593  
TARPON SPRINGS FL 34689 US

2. Principal Place of Business  
PEMIERE MGT SVC

3. Mailing Address

Suite, Apt. #, etc.  
2350 FOX CHASE BLVD.

Suite, Apt. #, etc.

City & State  
PALM HARBOR FL

City & State

Zip Country  
34683 US

Zip Country

4. FEI Number  
59-3112313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPROWLS, JOSEPH D.  
1452 BAYVIEW ST.

TARPON SPRINGS FL 34689 US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE 04/13/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Joseph D. Sprowls

Pres 04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)