

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V25598

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: PREMIERE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

PEMIERE MGT SVC
2350 FOX CHASE BLVD.
PALM HARBOR, FL 34683 US

Current Mailing Address:

P O BOX 2593
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

PEMIERE MGT SVC
9228 CALLE ALTA CT
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-3112313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROWLS, JOSEPH D.
1452 BAYVIEW ST.
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

SPROWLS, JOSEPH D.
9228 CALLE ALTA CT
NEW PORT RICHEY, FL 34655 US

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: JOSEPH D. SPROWLS

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SPROWLS, JOSEPH D.,
Address: 1452 BAYVIEW
City-St-Zip: TARPON SPRINGS, FL

Title: VT () Delete
Name: SPROWLS, MARIE
Address: 1452 BAYVIEW ST.
City-St-Zip: TARPON SPRINGS, FL

Title: S () Delete
Name: HOSKINS, LISA
Address: 4838 RIDGEMOR CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: SPROWLS, JOSEPH D
Address: 9228 CALLE ALTA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VT (X) Change () Addition
Name: SPROWLS, MARIE
Address: 9228 CALLE ALTA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S (X) Change () Addition
Name: HOSKINS, LISA
Address: 10734 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. SPROWLS

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date