

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V25598

FILED
Apr 15, 2003
Secretary of State

Entity Name: PREMIERE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 2593
TARPON SPRINGS, FL 34689 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, JOSEH D
9228 CALLE ALTA CT
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SPROWLS, CHRISTOPHER
Address: 9228 CALLE ALTA CT
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

PD

04/15/2003

Electronic Signature of Signing Officer or Director

Date