

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90011 009 ***150.00

DOCUMENT # V27766

1. Entity Name

PREMIER DATA SYSTEMS, INC.

Principal Place of Business

**12 WAYBOURNE PLACE
 PALM COAST FL 32137**

Mailing Address

**12 WAYBOURNE PLACE
 PALM COAST FL 32137**

00025792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Florida Park Drive North

3. Mailing Address

1 Florida Park Drive North

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

USA

Zip

32137

Country

USA

4. FEI Number

59-3123143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARREN A. KING
 12 WAYBOURNE PLACE
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

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

1 Florida Park Drive North

Sunrise Plaza, Suite 201

Palm Coast, FL

FL

Zip Code

32137

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

Warren A. King

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/01

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, 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 **P** ☐ Delete
 NAME **KING, WARREN A.**
 STREET ADDRESS **12 WAYBOURNE PLACE**
 CITY-ST-ZIP **PALM COAST FL**

TITLE **VTS** ☐ Delete
 NAME **KING, DIANA M**
 STREET ADDRESS **12 WAYBOURNE PL**
 CITY-ST-ZIP **PALM COAST 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, T, S** ☒ Change ☐ Addition
 NAME **Warren King**
 STREET ADDRESS **P.O. Box 353849**
 CITY-ST-ZIP **Palm Coast, FL 32135**

TITLE **✓** ☒ Change ☐ Addition
 NAME **DIANA KING**
 STREET ADDRESS **12 Waybourne Pl**
 CITY-ST-ZIP **Palm Coast, FL 32137**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Warren A. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)