

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90047 002 ***150.00

DOCUMENT # V27766

1. Entity Name
PREMIER DATA SYSTEMS, INC.

Principal Place of Business
1 FLORIDA PARK DRIVE NORTH
SUITE 201
PALM COAST FL 32137

Mailing Address
1 FLORIDA PARK DRIVE NORTH
SUITE 201
PALM COAST FL 32137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
P.O. Box 354930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Coast, FL

4. FEI Number **59-3123143**

Applied For
 Not Applicable

Zip Country

Zip Country
32135 USA

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

WARREN A. KING
1 FLORIDA PARK DRIVE NORTH
SUNRISE PLAZA SUITE 201
PALM COAST FL 32137

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 _____
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTS KING, WARREN A. PO BOX 353849 PALM COAST FL 32135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, DIANA M 12 WAYBOURNE PL PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

(386) 446-9116

CR2E034 (9/01)