

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35698

1. Entity Name

PREMIER BUSINESS SYSTEMS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90067 007 \*\*\*150.00

Principal Place of Business

4209 114TH TERR N  
CLEARWATER FL 33762  
US

Mailing Address

P O BOX 17425  
CLEARWATER FL 33762-0425  
US

2. Principal Place of Business

4209 114TH TERR N.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 17425  
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3126522

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

33762

Country

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

MATTISON, PAUL F.  
11393 HARBORSIDE DR.  
LARGO FL 34643

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MATTISON, PAUL F.	
STREET ADDRESS	11393 HARBORSIDE DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTISON, CYNTHIA C.	
STREET ADDRESS	11393 HARBORSIDE DR.	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIG PAUL F. Mattison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-00 727-572-4500

CR2E034 (9/99)