

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90216 007 \*\*\*150.00

**DOCUMENT # V35698**

1. Entity Name

**PREMIER BUSINESS SYSTEMS, INC.**

Principal Place of Business

**4209 114TH TERR N  
CLEARWATER FL 33762  
US**

Mailing Address

**P O BOX 17425  
CLEARWATER FL 33762  
US**

2. Principal Place of Business

**4209 114TH TERR N**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 17425**

Suite, Apt. #, etc.

City &amp; State

**Clearwater, FL**

City &amp; State

**Clearwater FL**

Zip

**33762**

Country

**USA**

Zip

**33762**

Country

**USA**

4. FEI Number

**59-3126522**

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:****Paul F. Mattison PAUL F. MATTISON****2-08-01****727.572-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)