

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000002092**1. Entity Name  
PRIMED TECHNOLOGIES, INC.Principal Place of Business  
350 NW 12TH AVENUE  
  
DEERFIELD BEACH FL 33442Mailing Address  
350 NW 12TH AVENUE  
  
DEERFIELD BEACH FL 334422. Principal Place of Business  
350 NW 12TH AVENUE3. Mailing Address  
350 NW 12TH AVENUESuite, Apt. #, etc.  
SUITE 150Suite, Apt. #, etc.  
SUITE 150City & State  
DEERFIELD BEACH FLCity & State  
DEERFIELD BEACH FLZip  
33442Zip  
334424. FEI Number  
**65-0969433**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BROVENICK EVAN  
350 NW 12TH AVENUE  
  
DEERFIELD BEACH FL 33442**7. Name and Address of New Registered Agent**Name  
BROVENICK EVAN  
Street Address (P.O. Box Number is Not Acceptable)  
350 NW 12TH AVENUE  
  
SUITE 150  
City  
DEERFIELD BEACH FL Zip Code  
33442

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 **EVAN BROVENICK****04/27/2001**

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**TITLE  
NAME DVS ☒ Delete  
STREET ADDRESS BLECHMAN DAVID J  
CITY-ST-ZIP 350 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442TITLE  
NAME VPT ☐ Delete  
STREET ADDRESS BROVENICK ALVIN M  
CITY-ST-ZIP 350 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442TITLE  
NAME C ☐ Delete  
STREET ADDRESS BROVENICK ALVIN M  
CITY-ST-ZIP 350 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME V/T ☒ Change ☐ Addition  
STREET ADDRESS BLECHMAN DAVID J  
CITY-ST-ZIP 350 NW 12TH AVENUE, SUITE 150  
DEERFIELD BEACH FL 33442TITLE  
NAME P ☒ Change ☐ Addition  
STREET ADDRESS BROVENICK EVAN R  
CITY-ST-ZIP 350 NW 12TH AVENUE, SUITE 150  
DEERFIELD BEACH FL 33442TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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: EVAN R. BROVENICK**

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)