2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am **DOCUMENT # F66173 Secretary of State** 1. Entity Name PRIME MARKETING, INC. 01-29-2001 90099 049 ***158.75 Principal Place of Business Mailing Address 1901 SOUTH HORBOR CITY BLVD. 1901 SOUTH HORBOR CITY BLVD. SUITE 637 MELBOURNE FL 32901 MELBOURNE FL 32901 ЦS 2. Principal Place of Business 3. Mailing Address R. J. Continu bull. 1501 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 50175 Applied For City & State City & State 4. FEI Number 59-2164877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVER, DONALD B. Street Address (P.O. Box Number is Not Acceptable) 1901 SOUTH HORBOR CITY BLVD. SUITE 637 **MELBOURNE FL 32901** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change DOUGH, DONALAB. DEVER, DONALD B NAME NAME 1501 R. I. CONCEND, 5TO 250 STREET ADDRESS 1901 SOUTH HARBOR CITY BLVD. STE. 637 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 wen Buy, EL 32905 ۷P ☐ Delete TITLE TITLE RUIZ, RAMON NAME NAME STREET ADDRESS 1901 SOUTH HARBOR CITY BLVD. STE. 637 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL.32901 Delete TITLE ☐ Addition TITLE SMITH, RONS NAME NAME STREET ADDRESS 1901 SOUTH HARBOR CITY BLVD. STE. 637 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE (Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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