

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66173

1. Entity Name

PRIME MARKETING, INC.

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90001 032 ***150.00

0638872 SP

Principal Place of Business
1501 R.J. CONCAN BLVD
SUITE 250
PALM BAY, FL 32905
US

Mailing Address
1501 R.J. CONCAN BLVD
SUITE 250
PALM BAY FL 32905
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1501 R.J. CONCAN BLVD
Suite, Apt. #, etc.

3. Mailing Address
1501 R.J. CONCAN BLVD
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2164877

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEVER, DONALD B.
1901 SOUTH HORROR CITY BLVD.
SUITE 637
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

151 SEAGLASS DR.

City

MELBOURNE BEACH, FL

FL

Zip Code

32591

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 DONALD B. DEVER

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, 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
PSD
DEVER, DONALD B
1501 R.J. CONCAN, SUITE 250
PALM BAY FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1501 R.J. CONCAN, SUITE 250 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RUIZ, RAMON
1501 R.J. CONCAN, STE 250
PALM BAY FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1501 R.J. CONCAN, SUITE 250 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)