

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004224

1. Entity Name

PRIME EQUITIES GROUP, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90035 014 \*\*\*150.00

Principal Place of Business

Mailing Address

13902 N. DALE MABRY, SUITE 149  
TAMPA FL 33618

13902 N. DALE MABRY SUITE 149  
TAMPA FL 33618-2424

2. Principal Place of Business

5910 S. University C-18

3. Mailing Address

3939 Cheval Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB - 191

City & State

City & State

Greenwood Village, CO

Lutz, FL

Zip

Country

Zip

Country

80121

33549

4. FEI Number

59-3441480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INZER, RICHARD  
13902 N DALE MABRY  
TAMPA FL 33618

Name  
Richard Inzer

Street Address (P.O. Box Number is Not Acceptable)  
3939 Cheval Boulevard

City  
Lutz,

FL

Zip Code  
33549

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
INZER, RICHARD  
13902 N DALE MABRY STE 149  
TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
Richard Inzer  
3939 Cheval Boulevard  
Lutz, FL 33549

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VS  
BEAM, RAYMOND  
13902 N DALE MABRY STE 149  
TAMPA FL

☒ Delete

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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 #

Richard H Inzer 4-19-00 813-963-0004

CR2E034 (9/99)