

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90834 011 ***150.00

0425752 AV

DOCUMENT # F99000004003

1. Entity Name

PRIMED, INC.

Principal Place of Business

**5600 WEST MARINER ST., SUITE 118
TAMPA FL 33609**

Mailing Address

**5600 WEST MARINER ST., SUITE 118
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

10364 HOPMAN COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FL

4. FEI Number

59-3587448

Applied For

Not Applicable

Zip

Country

Zip

33777

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

THOMAS, EDWARD S

**5600 WEST MARINER, SUITE 118
TAMPA FL 33609**

Name **Lois Viriciglio**

Street Address **13650 GULF BLVD # 401**

City **MADEIRA BEACH** **FL**

Zip Code **33708**

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

Lois Viriciglio

Lois Viriciglio

3/15/2002

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. **PSTD** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, EDWARD S	
STREET ADDRESS	5600 WEST MARINER, SUITE 118	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LOIS VIRICIGLIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13650 GULF BLVD. #401	
STREET ADDRESS	MADEIRA BEACH, FL	
CITY-ST-ZIP	33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *Lois Viriciglio* **Lois Viriciglio**

3/15/2002 (727) 244-4634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)