

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90171 043 ***150.00

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DOCUMENT # G51374

1. Entity Name

PRIMARY PROPERTY MANAGEMENT, INC.



Principal Place of Business
1115 E. LIVINGSTON
ORLANDO FL 32803

Mailing Address
1115 E. LIVINGSTON
ORLANDO FL 32803



2. Principal Place of Business

mm.
8687 W. Tolo Bronson Hwy
Suite, Apt. #, etc.
200
City & State
Kissimmee, Florida
Zip
34747
Country
Orange

3. Mailing Address

mm.
8687 W. Tolo Bronson Hwy
Suite, Apt. #, etc.
200
City & State
Kissimmee, Florida
Zip
34747
Country
Orange

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2325175**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASON, ROBERT F JR, PA
501 EAST FIFTH AVENUE
MOUNT DORA FL 32756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WISE, KAREN P	
STREET ADDRESS	136 OAKDALE ST	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEARY, TAMRA P	
STREET ADDRESS	1100 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEARY, WILLIAM N	
STREET ADDRESS	1100 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wise, Karen P.	
STREET ADDRESS	1115 E. Livingston St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leary, Tamra P.	
STREET ADDRESS	1115 E. Livingston St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leary, William N.	
STREET ADDRESS	1115 E. Livingston St.	
CITY-ST-ZIP	Orlando, FL 32803	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamra P. Leary* 3/27/03 407-597-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)