

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G59176**

1. Entity Name  
**PRIME SITE REALTY, INC.**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90069 035 \*\*\*150.00

Principal Place of Business

**402 HIGH POINT DRIVE  
SUITE 203  
COCOA FL 32926-6621**

Mailing Address

**402 HIGH POINT DRIVE  
SUITE 203  
COCOA FL 32926-6621**

2. Principal Place of Business

**Prime Site Realty, Inc.**

3. Mailing Address

**P.O. Box 97**

Suite, Apt. #, etc.

**317 Riveredge Blvd.**

Suite, Apt. #, etc.

City & State

**Cocoa, FL**

**Cocoa, FL**

Zip

**32922**

Country

**USA**

Zip

**32923-0097**

Country

**USA**

4. FEI Number

**59-2322310**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHN H. EVANS, P.A.  
1702 S. WASHINGTON AVE.  
TITUSVILLE FL 32780**

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.

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MATRONI, ALAN R. 402 HIGH POINT DRIVE COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Alan R. Matroni 312 Riveredge Blvd. Cocoa, FL 32922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Karen E. Matroni 321 Riveredge Blvd. Cocoa, FL 32922</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Alan R. Matroni*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ALAN R. MATRONI 1/11/01 321-631-3080**

CR2E034 (10/00)