

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89256

1. Entity Name

PRIMAC, INC.

Principal Place of Business

P O BOX 2434
OCALA FL 32678
US

Mailing Address

P O BOX 2434
OCALA FL 34478-2434
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2677934

Applied For

Not Applicable

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

Name

PRIOR, HUGH J

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

7384 SE 12TH CIRCLE

City

OCALA FL

FL

Zip Code

34460

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 P
NAME PRIOR, HUGH
STREET ADDRESS 9823 SE 71ST COURT
CITY-ST-ZIP Ocala FL 34472 OLD

☐ Delete

TITLE
NAME PRIOR HUGH
STREET ADDRESS 7384 SE 12TH CIRCLE
CITY-ST-ZIP Ocala FL 34460

☐ Change ☐ Addition

TITLE V
NAME MACDONALD, RICHARD
STREET ADDRESS 32 SADDLE CLUB RD.
CITY-ST-ZIP LEXINGTON MA SAME

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 (9/99)