

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90074 027 ***158.75

DOCUMENT # H89256

1. Entity Name

PRIMAC, INC.

Principal Place of Business

P O BOX 2434
OCALA FL 32678
US

CHANGE

Mailing Address

P O BOX 2434
OCALA FL 32678
US

2. Principal Place of Business

PRIMAC CORP

3. Mailing Address

Suite, Apt. #, etc.

3732 HARBOR DR

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

Zip

32084

Country

ST. Johns

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

**PRIOR, HUGH
7386 SE 12TH CIRCLE
OCALA FL 34480**

NOTE

NEW

ADDRESS →

7. Name and Address of New Registered Agent

Name

HUGH PRIOR

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

3732 HARBOR DRIVE

ST. AUGUSTINE FL

City

FL

Zip Code

32084

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	P	<input type="checkbox"/> Delete
NAME	PRIOR, HUGH	<i>NEW</i>
STREET ADDRESS	7386 SE 12TH CIRCLE	<i>ADDRESS</i> →
CITY-ST-ZIP	OCALA FL 34480	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACDONALD, RICHARD	
STREET ADDRESS	32 SADDLE CLUB RD.	
CITY-ST-ZIP	LEXINGTON MA	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGH PRIOR	
STREET ADDRESS	3732 HARBOR DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
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		
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:

Hugh Prior

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)