

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90003 005 \*\*\*158.75

**DOCUMENT # H89256**

1. Entity Name  
**PRIMAC, INC.**

Principal Place of Business

**PROMAL CORP**  
**3732 HARBOR DR**  
**SAINT AUGUSTINE FL 32084**  
**US**

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.

**346 SW 57 AVE**

City & State

**OCALA FL**

City & State

**ST AUGUSTINE FL**

Zip

**32674**

Country

**MARIANA**

Zip

**32084**

Country

**MARIANA**

6. Name and Address of Current Registered Agent

**PRIOR, HUGH**  
**3732 HARBOUR DR**  
**SAINT AUGUSTINE FL 32084**

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, 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

TITLE **P** ☐ Delete  
NAME **PRIOR, HUGH**  
STREET ADDRESS **3732 HARBOUR DR**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/13/02**

Daytime Phone #

**904-823-0935**

CR2E034 (9/01)