

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90359 041 \*\*\*150.00

**DOCUMENT # K49676**  
 1. Entity Name  
**PRIMAVERA, INC.**

Principal Place of Business <b>% MIKE S. BUCKNER</b> <b>1900 PHILLIPS PT W/777 S FLAGLER DR</b> <b>W. PALM BEACH FL 33401-3198</b>	Mailing Address <b>% MIKE S. BUCKNER</b> <b>1900 PHILLIPS PT W/777 S FLAGLER DR</b> <b>W. PALM BEACH FL 33401-3198</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>800 South County Road</i>	3. Mailing Address <i>P.O. Box 3425</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Beach FL</i>	City & State <i>Palm Beach FL</i>
Zip <i>33480</i>	Country <i>U.S.A.</i>
Zip <i>33480</i>	Country <i>USA</i>

4. FEI Number <b>65-0087916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUCKNER, MIKE S.**  
**1900 PHILLIPS POINT WEST**  
**777 SOUTH FLAGLER DRIVE**  
**W. PALM BEACH FL 33401-3198**

7. Name and Address of New Registered Agent  
 Name *Peter Tiggas*  
 Street Address (P.O. Box Number is Not Acceptable)  
*800 South County Road*  
 City *Palm Beach* **FL** Zip Code *33480*

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 *Peter Tiggas* DATE *3/1/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TIGGES, PETER</b> <b>800 S COUNTY RD</b> <b>PALM BCH. FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TIGGES, JANET</b> <b>800 S COUNTY RD</b> <b>PALM BCH. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: *[Signature]* DATE: *3/1/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)