

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 019 ****55.00

DOCUMENT # M95000000275

1. Entity Name
PRIME-MUBEN, LLC



Principal Place of Business
2 POND'S EDGE DRIVE
CHADDS FORD, PA 19317

Mailing Address
P.O. BOX 999
CHADDS FORD, PA 19317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

23-2812090

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDYWINE FINANCIAL SERVICES CORPORATION
BRUCE E. MOORE
2637 MCCORMICK DR.
CLEARWATER, FL 33759

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when dissolving)

DATE

FILE NOW!!! FEB IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGRM
FAIRVIEW CORPORATION
2 POND'S EDGE DRIVE
CHADDS FORD, PA 19317

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGRM
PARKMORE CORPORATION
2 POND'S EDGE DRIVE
CHADDS FORD, PA 19317

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

President of Parkmore Corp.
Managing Member

FEB 20 2003

(610) 388-9600

CH2E083 (10/02)