

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90244 025 ****61.25

DOCUMENT # N01000006238

1. Entity Name
PRIMAL CONNECTION, INC.



Principal Place of Business

**9205 BRIDLE PATH
SEBRING FL 33875**

Mailing Address

**9205 BRIDLE PATH
SEBRING FL 33875**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1141270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

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

SIGNATURE

Gail Leavitt, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LEAVITT, FRED**
STREET ADDRESS **9205 BRIDLE PATH**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **VD** ☐ Delete
NAME **MIRIANI, DENISE**
STREET ADDRESS **5717 1ST AVENUE**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **STD** ☐ Delete
NAME **LEAVITT, GAIL H**
STREET ADDRESS **9205 BRIDLE PATH**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **D** ☒ Delete
NAME **PEARCE, BARBARA JANE**
STREET ADDRESS **166 PLUMOSA**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete
NAME **STRZELEWICZ, RICHARD**
STREET ADDRESS **205 N. RIDGEWOOD DRIVE**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **D** ☐ Delete
NAME **HARDT, MALKA**
STREET ADDRESS **9207 BRIDLE PATH**
CITY-ST-ZIP **SEBRING FL 33875**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail Leavitt, Treasurer

4/16/03 803402-8238

CR2E037 (10/02)