

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90004 020 ****61.25

DOCUMENT # N93000000820

1. Entity Name

PRIMER, INC.

Principal Place of Business

Mailing Address

1299 MAIN STREET
 SUITE F
 DUNEDIN FL 34698
 US

PO BOX 6108
 PALM HARBOR FL 34684-0708
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3182277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANKEL, ROBERT L ESQ
1299 MAIN STREET
SUITE F
DUNEDIN FL 34698

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD**
 STREET ADDRESS **GROSS, NORMAN DR**
 CITY-ST-ZIP **3538 OAK LAKE DRIVE**
PALM HARBOR FL 34684

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **ROTH, JACK**
 CITY-ST-ZIP **P.O BOX 845 N/A**
SAN ANTONIO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **EISENSTADT, MIKE**
 CITY-ST-ZIP **7005 TWELVE OAKS BLVD.**
TAMPA FL 33634

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **KRAUS, RANDI E**
 CITY-ST-ZIP **250 N BELCHER RD #100**
CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **BOWMAN, SELMA**
 CITY-ST-ZIP **2852 CHALMERS CT**
PALM HARBOR FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Randi E Kraus* **Randi E. Kraus** /ps/fo 7274416829
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #