

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N93000000820

1. Entity Name
 PRIMER, INC.

Principal Place of Business
 1299 MAIN STREET
 SUITE F
 DUNEDIN FL 34698 US

Mailing Address
 PO BOX 6108
 PALM HARBOR FL 346840708 US

2. Principal Place of Business
 1022 MAIN STREET

3. Mailing Address
 Suite, Apt. #, etc.
 SUITE D

Suite, Apt. #, etc.
 SUITE D

Suite, Apt. #, etc.
 SUITE D

City & State
 DUNEDIN FL

City & State

4. FEI Number
59-3182277

Applied For
 Not Applicable

Zip
 34698

Country
 US

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANKEL ROBERT LESQ
 1299 MAIN STREET
 SUITE F
 DUNEDIN FL 34698 US

Name
 TANKEL ROBERT LESQ
 Street Address (P.O. Box Number is Not Acceptable)
 1022 MAIN STREET
 SUITE D
 City
 DUNEDIN FL Zip Code
 34698

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 _____ DATE **01/30/2001**
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 S Delete
 NAME BOWMAN SELMA
 STREET ADDRESS 2852 CHALMERS CT
 CITY-ST-ZIP PALM HARBOR FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE T Change Addition
 NAME KRAUS RANDI E
 STREET ADDRESS 2436 GLENANN DRIVE
 CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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)(f), 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 T 01/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)