

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90355 020 ***150.00

0469169 AV

DOCUMENT # P00000000590

1. Entity Name
PRIMARY SOFTWARE SOLUTIONS, INCORPORATED



Principal Place of Business
**14320 CARLSON CIRCLE
TAMPA FL 33626**

Mailing Address
**14320 CARLSON CIRCLE
TAMPA FL 33626**



2. Principal Place of Business
2925 W. Knights Ave.
Suite, Apt. #, etc.

3. Mailing Address
2925 W. Knights Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL
Zip
33611
Country
USA

City & State
Tampa, FL
Zip
33611
Country
USA

4. FEI Number **59-3621625**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILIPPAKOS, CHRISTOS
14320 CARLSON CIRCLE
TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name **Philippakos, Christos**
Street Address (P.O. Box Number is Not Acceptable)
2925 W. Knights Ave.
City **TAMPA** FL Zip Code **33611**

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 **CHRISTOS PHILIPPAKOS, VICE PRESIDENT** **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV PHILIPPAKOS, CHRISTOS 2925 KNIGHTS AVE. TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULLERY, BRANDON 1210 26TH AVE. NORTH SAINT PETERSBURG FL 33704	<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

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **CHRISTOS PHILIPPAKOS** **4/28/03** **813-805-6520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)