

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90069 045 ***150.00

DOCUMENT # P00000041811

1. Entity Name

PRIMO DISTRIBUTORS, INC.

Principal Place of Business

**12911 BOX DR
 HUDSON FL 34667**

Mailing Address

**12911 BOX DR
 HUDSON FL 34667**

2. Principal Place of Business

13491 Chamford St

3. Mailing Address

13491 Chamford St

Suite, Apt. #, etc.

Blvd A Unit 26

Suite, Apt. #, etc.

Blvd A Unit 26

City & State

Brooksville FL

City & State

Brooksville FL

Zip

34613

Country

Nichando

Zip

34613

Country

Nichando



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3654989

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

Craig Simon

Street Address (P.O. Box Number is Not Acceptable)

13491 Chamford St

Blvd A Unit 26

Brooksville

FL

Zip Code

34613

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SIMON, DONALD R**
 STREET ADDRESS **12911 BOX DR**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VP** ☐ Delete
 NAME **SIMON, CRAIG**
 STREET ADDRESS **6583 LINDOYER BLVD**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **18749 Worthington Road**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **10123 Lara Street**
 CITY-ST-ZIP **Spring Hill FL 34608**

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald R. Simon** **REQUIRE** **DONALD R. Simon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02

CR2E034 (9/01)