

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90601 041 \*\*\*150.00

**DOCUMENT # P00000045482**

1. Entity Name

**PRIME TIME MOLD, INC.**

Principal Place of Business

**41444 SR 19 N  
 UNIT, 2  
 UMATILLA FL 32784**

Mailing Address

**P.O. BOX 75  
 UMATILLA FL 32784**

2. Principal Place of Business

**476 Wafford St.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**UMATILLA FL**

City & State

Zip

**32784 USA**

Country

4. FEI Number

**59-3658250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, DEANNE**

**250 4CHERRY BLOSSOM CRT  
 EUSTIS FL 32726**

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.

SIGNATURE

*Deanne Davis pres.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-02**

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 **PD** ☐ Delete  
 NAME **DAVIS, DEANNE**  
 STREET ADDRESS **2504 CHERRY BLOSSOM CRT**  
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **VPD** ☐ Delete  
 NAME **DAVID, WILLIAM E**  
 STREET ADDRESS **2504 CHERRY BLOSSOM CRT**  
 CITY-ST-ZIP **EUSTIS FL 32726**

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  
 CITY-ST-ZIP

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

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

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 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:

*Deanne Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-02 352-669-0912**

CR2E034 (9/01)