2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000059135

1. Entity Name

PRIMA TOOL & MOLD, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90316 033 ***158.75

PHIIVIA IC	OOL & MOLD, INC.													
Principal Place 5300 115TH A CLEARWATER		Mailing Address 5300 115TH AVENUE N CLEARWATER FL 33760					1.11		1 32 113 33 111	, Baiki 88111 881	Ri Sili B li	B/B/ (1889)	11 0 101111	
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2. Principal F	Place of Business	3. Mailing Address					116	9 01106 1 141 00 61	1 00 141 00 411	90(!) 30 (() 98!	21 01(18 1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & Star	te	City & State					4. FE! Number NOT APPLICABLE Applied For Not Applicable						·	7
Zip	Country	Zip Co			try		5. Certific	cate of State	us Desired	J X1		75 Add	litional	1
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registere		<u>.</u>	· <u></u>		7. Name	and Addre	ss of Nev	<u> </u>		<u> </u>	<u> </u>	-{-
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INTRASTA	ITE REGISTERED AGENT CORPO	RATION	ATION			Street Address (P.O. Box Number is Not Acceptable)								
701 BRICK	KELL AVENUE SUITE 3000				Ou cot 7 to									
MIAMI FL	33131													
					City					F	1	Zip Code		1
8. The above	e named entity submits this statement f	or the purn	ose of changing its re	aistere	ed office or	registere	d agent, o	r both, in the	e State of	-		ar with.	and accept	┨
	tions of registered agent.			3			3					,		
: SIGNATURE														
:	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTE: F	Registered	Agent signatu	re required w	then reinstating	g)		DATI				
** F	ILE NOW!!! FEE IS \$150.00						a	Election C	amnainn	Financing		¢E O	0 May Be	
	r May 1, 2003 Fee will be \$550.00						3.	Trust Fund					to Fees	
	ck Payable to Florida Department of State OFFICERS AND DIRECTORS			11.			ADDITIO	NIC (CLIANI	SECTO O	EEICEBS A	ND DIE	ECTOR	2 INL 11	4
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 127512-7