

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

07-10-2001 90131 020 ***150.00
 09-06-2001 90244 010 ***400.00

DOCUMENT # P00000084644

1. Entity Name

PRIMARY BUILDING AND CONSTRUCTION CORPORATION

Principal Place of Business

331 WEST CAPE CORAL PARKWAY
 SUITE B
 CAPE CORAL FL 33914

Mailing Address

331 WEST CAPE CORAL PARKWAY
 SUITE B
 CAPE CORAL FL 33914

00063431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 DEL PRADO BLVD. South

3. Mailing Address

3501 DEL PRADO BLVD. South

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL.

4. FEI Number

65-1042360

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

33904

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINIX, TRAVIS W SR.
 2431 HARVARD AVENUE
 FORT MYERS FL 33907

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

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
 NAME: MINIX, TRAVIS W SR.
 STREET ADDRESS: 2431 HARVARD AVENUE
 CITY-ST-ZIP: FORT MYERS FL 33907

☐ Delete

TITLE: D
 NAME: RIEDLINGER, THOMAS P
 STREET ADDRESS: 2515 S.W. 49TH STREET
 CITY-ST-ZIP: CAPE CORAL FL 33914

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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 lines empowered.

SIGNATURE:

Travis W. Minix Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/01 941-549-6256
 Date Daytime Phone #

CR2E034 (10/00)