

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107031

1. Entity Name

PRIMARY FOCUS INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90088 002 ***150.00

Principal Place of Business

13917 FAIRWAY ISLAND DR #934
ORLANDO FL 32837

Mailing Address

13917 FAIRWAY ISLAND DR #934
ORLANDO FL 32837

644200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7862 W. IRLO BRONSON HWY

3. Mailing Address

7862 W IRLO BRONSON HWY

Suite, Apt. #, etc.

334

Suite, Apt. #, etc.

334

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

59-3682701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, COLIN
13917 FAIRWAY ISLAND DR #934
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

COLIN STAFFORD

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

754 RIGGS CIRCLE

City

DAVENPORT

FL

Zip Code

33837

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's signature required when reinstating)

DATE

C STAFFORD

4/20/2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	STAFFORD, COLIN	
STREET ADDRESS	13917 FAIRWAY ISLAND DR #934	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, COLIN	
STREET ADDRESS	754 RIGGS CIRCLE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C STAFFORD

4/20/2001

Date

Daytime Phone #

321-662-3837

CR2E034 (10/00)