

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000022476

1. Entity Name

PRIMASOLY INC.

**FILED  
Apr 03, 2002 8:00 am  
Secretary of State**

04-03-2002 90033 015 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1460 GULF BLVD</b>		3. Mailing Address <b>1460 GULF BLVD</b>	
Suite, Apt. #, etc. <b>410</b>		Suite, Apt. #, etc. <b>410</b>	
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>	
Zip <b>33767</b>	Country <b>USA</b>	Zip <b>33767</b>	Country <b>USA</b>
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number <b>94 3391436</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent Name: <b>MARIL M SOLA c/o EXECUTIVE CORPORATION</b> Street Address (P.O. Box Number is Not Acceptable) <b>1083 COLLIER BLVD SUITE 12</b> City: <b>MARCO ISLAND</b> FL Zip Code: <b>34145</b>			

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) <input checked="" type="checkbox"/>		January 1 - May 1 Fee is <b>\$150.00</b> After May 1, Fee is <b>\$550.00</b> Amended UBR is <b>\$61.25</b> Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE CAUDAS 1460 GULF BLVD UNIT 410 CLEARWATER FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 STEVE CAUDAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02 (22) 595-2252  
Daytime Phone #

CR2E034B (12/01)