

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

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

04-03-2002 90033 015 ***150.00

DOCUMENT # P01000022476

1. Entity Name

PRIMASOLY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1460 GULF BLVD

Suite, Apt. #, etc.

410

City & State

CLEARWATER, FL

Zip

33767

Country

USA

3. Mailing Address

1460 GULF BLVD

Suite, Apt. #, etc.

410

City & State

CLEARWATER, FL

Zip

33767

Country

USA

4. FEI Number

94 3391436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIL M SOLA C/O EXECUTIVE CORPORATION

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

1083 COLLIER BLVD SUITE 122

City

MARCO ISLAND

FL

Zip Code

33445

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/V/T/S
STEVE CAVDAS
1460 GULF BLVD UNIT 410
CLEARWATER FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 CAVDAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02

Date

(727) 595-2252

Daytime Phone #

CR2E034B (12/01)