

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0662395 AV

DOCUMENT # P01000028040

1. Entity Name

"PRIMARY AUTO INSURANCE, INC"

03-20-2002 90086 001 ***150.00

03-20-2002 90086 002 *****8.75

Principal Place of Business

Mailing Address

1697 SW CYCLE ST
 PORT ST LUCIE FL 34953

1697 SW CYCLE ST
 PORT ST LUCIE FL 34953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1847 SE Port St Lucie Blvd
 Suite, Apt. #, etc. N/A

1847 SE Port St Lucie Blvd
 Suite, Apt. #, etc. N/A

City & State

City & State

Port St Lucie, FL

Port St Lucie, FL

4. FEI Number

Applied For

65-1087570

Not Applicable

Zip

Country

Zip

Country

34952

St Lucie

34952

St Lucie

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIORI, LARAINÉ
 1697 SW CYCLE ST
 PORT ST LUCIE FL 34953

Name Joffre Navas

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

1461 SW Sudder Ave

City Port St Lucie

FL

Zip Code 34953

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Laraine Maiori ☐ Delete
 NAME 1697 SW Cycle St
 STREET ADDRESS Port St Lucie FL 34953
 CITY-ST-ZIP Vice-President

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

TITLE Joffre Navas ☐ Delete
 NAME 1461 SW Sudder Ave
 STREET ADDRESS Port St Lucie, FL 34953
 CITY-ST-ZIP

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

TITLE Secretary ☐ Delete
 NAME Donna Bonner
 STREET ADDRESS 1847 S.E. Port St Lucie Blvd
 CITY-ST-ZIP Port St Lucie, FL 34952

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Vice President 2/21/02 772-337-7320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)