

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90100 010 \*\*\*150.00

**DOCUMENT # P01000028040**



1. Entity Name  
"PRIMARY AUTO INSURANCE, INC"

Principal Place of Business  
1847 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE FL 34952

Mailing Address  
1847 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE FL 34952



2. Principal Place of Business

1851 SE Port St Lucie Blvd  
Suite, Apt. #, etc.

3. Mailing Address

← Same

☐ CHECK HERE IF MAKING CHANGES

City & State  
Port St Lucie Florida

City & State

4. FEI Number 65-1087570

Applied For  
Not Applicable

Zip  
34952

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVAS, JOFFRE  
1461 SW SUDDER AVE  
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name: Maiori Laraine

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

1697 SW Cycle St  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raraim Maiori*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME MAIORI, LARAINÉ  
STREET ADDRESS 1697 SW CYCLE ST  
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

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

TITLE P ☒ Delete  
NAME NAVAS, JOFFRE  
STREET ADDRESS 1461 SW SUDDER AVE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

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

TITLE S ☐ Delete  
NAME BONNER, DONNA  
STREET ADDRESS 1847 SE PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT SAINT 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maiori Laraine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03

(727) 337-7320

CR2E034 (10/02)