

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106655

1. Entity Name
PRIMACY MANAGEMENT, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90127 040 ***150.00

0329496 AV

Principal Place of Business
2642 NE 12 ST
FT LAUDERDALE FL 33304

Mailing Address
2642 NE 12 ST
FT LAUDERDALE FL 33304



2. Principal Place of Business
9900 Main St.
Suite, Apt. #, etc.
301
City & State
Fairfax VA
Zip
22031 Country
U.S.A.

3. Mailing Address
2400 W. Cypress Cr. Rd.
Suite, Apt. #, etc.
City & State
Ft. Lauderdale
Zip
FL 33309 Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-0003110
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WASSON, A.J.
2642 NE 12 ST
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name
Paul B. Kroncke
Street Address (P.O. Box Number is Not Acceptable)
2400 W. Cypress Cr. Rd.
City
Ft. Lauderdale FL Zip Code
33309

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 Paul B. Kroncke DATE 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	BOYLE, JOHN J III	
STREET ADDRESS	12705 KNOLLBROOK DR	
CITY-ST-ZIP	CLIFTON VA 20121	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WASSON, A.J.	
STREET ADDRESS	2642 NE 12 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul B. Kroncke	
STREET ADDRESS	2400 W. Cypress Cr. Rd.	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
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		

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: Paul B. Kroncke DATE 4/28/03 DAYTIME PHONE # 954-229-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)