## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2003 8:00 am Secretary of State P02000008889 DOCUMENT # 04-28-2003 91682 001 \*\*\*\*75.00 1. Entity Name 04-28-2003 91682 002 \*\*\*\*75.00 PRIME PRODUCTS MARKETING, INC. Principal Place of Business Mailing Address · DDUJZ464 510 LAKE SHORE DRIVE 510 LAKE SHORE DRIVE SUITE 12 SUITE 12 LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 80-002315 Not Applicable Zip Country Country -----\$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRETT, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 510 LAKE SHORE DRIVE SUITE 12 LAKE PARK FL 33403 Zip Code City 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. DATE 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE TITLE ☐ Change Addition Delete ILLIAM F. BARRETT 10 LAKE SHOREDR # 12 NAME NAME STREET ADDRESS STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE TITLE ☐ Delete Change ☐ Addition BRUCE WITHTHE BLYP, # 102 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SINGER ISCAND FL-33404 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.