


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

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90553 029 \*\*\*158.75

DOCUMENT # <b>PO 2000122046</b>	
1. Entity Name <b>PRIMAL URGE TATTOO &amp; BODY PIERCING, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1470 S. SEMORAN BLVD</b>	3. Mailing Address <b>1470 S. SEMORAN BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**20035722**

DO NOT WRITE IN THIS SPACE

City & State <b>CASSELBERRY, FL</b>	City & State <b>CASSELBERRY, FL</b>	4. FEI Number <b>81-0581253</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32707</b>	Country <b>USA</b>	Zip <b>32707</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>BETH M. BURKHART</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1470 S. SEMORAN BLVD</b>
City <b>CASSELBERRY</b>
State <b>FL</b>
Zip Code <b>32707</b>

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT AND TREASURER, Director BETH M. BURKHART 1470 S. SEMORAN BLVD CASSELBERRY, FL 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT AND SECRETARY, Director VINCENT BURKHART 1470 S. SEMORAN BLVD CASSELBERRY, FL 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Beth M. Burkhart, Pres. 3/23/05 (407 695 8287)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)