

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P06983**

1. Entity Name

PRIMUS AUTOMOTIVE FINANCIAL SERVICES, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90048 035 ***150.00

Principal Place of Business

**9009 CAROTHERS PARKWAY
FRANKLIN TN 37067**

Mailing Address

**P.O. BOX 680100
FRANKLIN TN 37068-0100**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PAULEY, RICHARD | |
| STREET ADDRESS | 9009 CAROTHERS PKWY | |
| CITY-ST-ZIP | FRANKLIN TN 37067 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HYNES, THOMAS N | |
| STREET ADDRESS | 9009 CAROTHERS PARKWAY | |
| CITY-ST-ZIP | FRANKLIN TN 37067 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SMITH, HURLEY D | |
| STREET ADDRESS | THE AMERICAN RD | |
| CITY-ST-ZIP | DEARBORN MI | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | CAMP, DALE | |
| STREET ADDRESS | 9009 CAROTHERS PARKWAY | |
| CITY-ST-ZIP | FRANKLIN TN 37067 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RAMIREZ, RENE | |
| STREET ADDRESS | 9009 CAROTHERS PARKWAY | |
| CITY-ST-ZIP | FRANKLIN TN 37067 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | RAMIREZ, RENE | |
| STREET ADDRESS | ONE BURTON HILLS BLD 350 | |
| CITY-ST-ZIP | NASHVILLE TN | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Andrew L. Menzyk, President | <input type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME | 9009 Carothers Parkway | |
| STREET ADDRESS | Franklin, TN. 37067 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Hubert Humprey | <input type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME | 9009 Carothers Parkway | |
| STREET ADDRESS | Franklin, TN. 37067 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Delete |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene Ramirez

1/18/2000

615-315-7930

Date

Daytime Phone #