

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90013 008 ***150.00

DOCUMENT # P93000036708

1. Entity Name

PRIMERICA DEVELOPMENTS, INC.

Principal Place of Business

9261 LAZY LANE
 TAMPA FL 33614
 US

Mailing Address

9261 LAZY LANE
 TAMPA FL 33614-2305
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3609 Madaca Lane
 City & State
Tampa FL 33618
 Zip
33618 Country
USA

Suite, Apt. #, etc.
3609 Madaca Lane
 City & State
Tampa FL 33618
 Zip
33618 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0468880**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRZCINSKI, RICHARD L
 9261 LAZY LANE
 TAMPA FL 33614

Name
Richard L. Trzcinski
 Street Address (P.O. Box Number is Not Acceptable)
3609 Madaca Lane
 City
Tampa FL Zip Code
33618

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 _____ (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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TRZCINSKI, RICHARD L 9261 LAZY LANE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Trzcinski, Richard L 3609 Madaca Lane Tamps FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* DATE **4/28/00** DAYTIME PHONE # **813-933-0429**