

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90236 042 \*\*\*150.00

0100772 AV

**DOCUMENT # P94000032171**

1. Entity Name

**PRIME INVESTMENT TRUST, INC.**



Principal Place of Business

**8102 GREENSIDE LANE  
BAYONET POINT FL 34667**

Mailing Address

**8102 GREENSIDE LANE  
BAYONET POINT FL 34667**

**A0078509**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0490841**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CAMARA, DIANE C  
8102 GREENSIDE LANE  
BAYONET POINT FL 34667**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE ☐ Delete  
NAME **P CAMARA, DIANE C**  
STREET ADDRESS **8102 GREENSIDE LANE**  
CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V CAMARA, JOHN L**  
STREET ADDRESS **8102 GREENSIDE LANE**  
CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

**SIGNATURE REQUIRED**  
**JOHN L. CAMARA**

**13 July 01**

**727-861-3761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

AC078507

Attachment

Dr. # p94000032171

13 JUL 01

DEAR SIR:

ENCLOSED IS OUR CHECK  
FOR \$150<sup>00</sup>. WE NEVER  
RECEIVED THE ORIGINAL INVOICE  
THIS YEAR.

THANK YOU + SEMPER-PI.

JOHN L. CAMARA VP.  
8102 GREENSIDE LN  
BAYONET POINT. FL. 34667

PRIME INVESTMENT TRUST INC  
65-0490841