

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90158 015 \*\*\*550.00

**DOCUMENT # P94000040230**

1. Entity Name  
**PRIME SHELL CONTRACTORS, INC.**

Principal Place of Business

145 LAKE ARBOR DR  
 PALM SPRINGS FL 33461  
 US

Mailing Address

145 LAKE ARBOR DR  
 PALM SPRINGS FL 33461  
 US

80133436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2820 LORENE DR**

3. Mailing Address

**2820 LORENE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM SPRINGS FL**

City & State

**PALM SPRINGS FL**

4. FEI Number

**65-0493583**

Applied For

Not Applicable

Zip

**33461**

Country

**PALM BEACH**

Zip

**33461**

Country

**PALM BEACH**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KOSTADINOV, NICOLI  
 145 LAKE ARBOE DR  
 PALM SPRINGS FL 33461

**2820 LORENE DR  
 PALM SPRINGS FL  
 33461**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nicola Kostadinov*

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

(NOTE: Registered Agent signature required when reinstating)

**7/25/02**

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 13, 2002 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

TITLE **PSD** ☐ Delete  
 NAME **KOSTADINOV, NICK**  
 STREET ADDRESS **145 LAKE ARBOR DRIVE**  
 CITY-ST-ZIP **PALM SPRINGS FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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 empowered.

SIGNATURE:

*Nicola Kostadinov*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/02**

Date

**561 718-8491**

Daytime Phone #

CR2E034 (4/02)