

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000046792

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: PRIME MOVERS, UNLIMITED, INC.

Current Principal Place of Business:

7033 HALL BLVD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

7033 HALL BLVD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0523149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFER, MARK
1300 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

Name and Address of New Registered Agent:

SHAFER, MARK
7033 HALL BLVD
LOXAHATCHEE, FL 33470

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: _____

Electronic Signature of Registered Agent

04/24/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LUPFER, JAMES
Address: 10 FAIRWAY DR. #307
City-St-Zip: DEERFIELD BCH, FL

Title: VD (X) Delete
Name: AUFSEHER, SY
Address: 3111 ARDSLEY DR.
City-St-Zip: ORLANDO, FL 32804

Title: PD () Delete
Name: GOODWIN, HOWARD
Address: 1815 N.W. 67TH AVE.
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: SHAFER, MARK
Address: 1300 W. HILLSBORO BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GOODWIN, HOWARD
Address: 79 CROSS BRANCHES
City-St-Zip: ACWORTH, GA 30101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAFER, MARK

Electronic Signature of Signing Officer or Director

TD

04/24/2002

Date