

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90432 028 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000093226

1. Entity Name
PRIMARY SOURCE PRESS INC.

Principal Place of Business <u>3772 OUTRIGGER COURT</u> <u>FORT PIERCE FL 34994</u>	Mailing Address <u>3772 OUTRIGGER COURT</u> <u>FORT PIERCE FL 34994</u>
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2. Principal Place of Business <u>3772 OUTRIGGER DRIVE</u> Suite, Apt. #, etc.	3. Mailing Address <u>3772 OUTRIGGER DRIVE</u> Suite, Apt. #, etc.
City & State <u>FORT PIERCE</u>	City & State <u>FORT PIERCE</u>
Zip <u>34946</u>	Zip <u>34946</u>
Country	Country

4. FEI Number <u>65-0621195</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOSEPH O. THOMA
3772 OUTRIGGER DRIVE
FORT PIERCE FL 34994

7. Name and Address of New Registered Agent

Name <u>JOSEPH O. THOMA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3772 OUTRIGGER DRIVE</u>
City <u>FORT PIERCE</u> FL Zip Code <u>34946</u>

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 JOSEPH O. THOMA **JOSEPH O. THOMA, PRESIDENT** **4/28/00**
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 State

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

11. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME <u>JOSEPH O. THOMA</u>	
STREET ADDRESS <u>3772 OUTRIGGER DRIVE</u>	
CITY-ST-ZIP <u>FORT PIERCE FL 34946</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: JOSEPH O. THOMA **4/28/00 (407) 4233567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)