

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093226

1. Entity Name

PRIMARY SOURCE PRESS INC.

Principal Place of Business

3772 OUTRIGGER COURT
FORT PIERCE FL 34994

Mailing Address

3772 OUTRIGGER COURT
FORT PIERCE FL 34994

2. Principal Place of Business

924 WOODCREST WAY

Suite, Apt. #, etc.

3. Mailing Address

924 WOODCREST WAY

Suite, Apt. #, etc.

City & State

OVIDO FL

City & State

OVIDO FL

4. FEI Number

65-0621195

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH O. THOMA
3772 OUTRIGGER COURT
FORT PIERCE FL 34994

7. Name and Address of New Registered Agent

Name JOSEPH O. THOMA

Street Address (P.O. Box Number is Not Acceptable)

924 WOODCREST WAY

City OVIDO

FL

Zip Code

32765

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

4/30/01

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, 2001 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

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR, PRESIDENT
STREET ADDRESS	JOSEPH O. THOMA
CITY - ST - ZIP	924 WOODCREST WAY OVIDO FL 32765
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 PRESIDENT

4/30/01

Date

(407) 341 6615

Daytime Phone #

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91588 045 ***150.00

A0070406

DO NOT WRITE IN THIS SPACE

CR2034 (11/00)