~~2000~~ 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91285 023 ***150.00

A0067629

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000047509

1. Entity Name

PRIMAVERA PUBLISHING, INC.

Principal Place of Business	Mailing Address
2609 BAY BLVD #204 INDIAN ROCKS BEACH FL 33785 US	2609 BAY BLVD #204 INDIAN ROCKS BEACH FL 33785-3159 US

2. Principal Place of Business		3. Mailing Address	
1679 Spottswood Circle		1679 Spottswood Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALM HARBOR, FL		City & State: PALM HARBOR, FL	
Zip: 34683	Country: USA	Zip: 34683	Country: USA

4. FEI Number	59-3386422	☐ Applied For	☐ Not Applicable

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
SPINOWITZ, HARVEY J 1455 COURT ST CLEARWATER FL 34616	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 $150.00 [illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	P PRIMAVERA, PAMELA J 2609 BAY BLVD #201 INDIAN ROCKS BEACH FL 33785	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAMELA J. PRIMAVERA 1679 Spottswood Circle PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Pamela J Primavera, Pres. PAMELA J. PRIMAVERA 4-26-01 (727) 781-0765

CR2E034 (9/99)