

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001804

1. Entity Name

PRIMESOURCE MANAGEMENT SOLUTIONS, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90082 014 ***158.75

Principal Place of Business

Mailing Address

C/O JOSEPH CARNEY, ESQ.
506 ONE MONTGOMERY PLZ. SWEDE & AIRY ST.
NORRISTOWN PA 19401

C/O JOSEPH CARNEY, ESQ.
506 ONE MONTGOMERY PLZ. SWEDE & AIRY ST.
NORRISTOWN PA 19401

2. Principal Place of Business

3. Mailing Address

C/O JAMES HOHIMER
Suite, Apt. #, etc.
5440 BEAUMONT CTR BLVD Suite 445

SAME AS # (2)

City & State
TAMPA, Florida

City & State

Zip
33634

Country
USA

Zip

Country

4. FEI Number 59-3427347

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

HOHIMER, JAMES E
5440 BEAUMONT CENTER BLVD, STE 445
TAMPA FL 33634

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 *James E. Hohimer*

JAMES E. HOHIMER

3/22/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DUGAN, M. KEVIN	
STREET ADDRESS	506 ONE MONTGOMERY PLZ. SWEDE & AIRY ST.	
CITY-ST-ZIP	NORRISTOWN PA 19401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOHIMER, JOHN	
STREET ADDRESS	7610 WINGING WAY DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNEY, JOSEPH	
STREET ADDRESS	506 ONE MONTGOMERY PLZ	
CITY-ST-ZIP	NORRIS TOWN PA 19401	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, M. KEVIN	
STREET ADDRESS	11611 USEPPA COURT	
CITY-ST-ZIP	NAPLES, Florida 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHIMER, JAMES	
STREET ADDRESS	7610 WINGING WAY DRIVE	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, Joseph	
STREET ADDRESS	11 EAST AIRY STREET	
CITY-ST-ZIP	NORRISTOWN, PA 19404	
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:

James E. Hohimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. HOHIMER

3/22/01

Date

813-890-0415

Daytime Phone #

CP2E034 (10/00)