

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005038

1. Entity Name

PRIME MARKETING CONSULTANTS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90062 020 ***150.00

Principal Place of Business

Mailing Address

~~2020 MICHIGAN AVENUE NE~~
~~ST. PETERSBURG FL 33703~~

~~2020 MICHIGAN AVENUE NE~~
~~ST. PETERSBURG FL 33703-3408~~

2. Principal Place of Business

3. Mailing Address

8420 LAURELON PL

8420 LAURELON PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA FL

TAMPA FL

City & State

City & State

Zip
33637

Country
USA

Zip
33637

Country
USA

4. FEI Number

59-3427494

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

RAWLS, EDGAR O
 2020 MICHIGAN AVENUE NE
 ST. PETERSBURG FL 33703

Name
C. EMORY CROSS

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

8420 LAURELON PLACE

City
TAMPA

FL

Zip Code
33637

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

CE Cross SEC/TRES

4-30-00

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
 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
RAWLS, EDGAR OLIN
2020 MICHIGAN AVENUE NE
ST. PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CROSS, CHARLES EMORY
5440-445 BEAUMONT CTR BLVD.
TAMPA FL 33634 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

SIGCE Cross SEC/TRES

4-30-00 8135052569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)