

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90168 034 ***150.00

DOCUMENT # P97000005734

1. Entity Name

PRIME INSURANCE SERVICES, INC.



Principal Place of Business

2500 QUANTUM LAKES DRIVE

203

BOYNTON BEACH FL 33426

US

Mailing Address

2841 N OCEAN BLVD

2004

FORT LAUDERDALE FL 33308

US

2. Principal Place of Business

290 174th Street

3. Mailing Address

Suite, Apt. #, etc.

Unit 2416

City & State

Sunny Isles Beach, FL

City & State

Zip

33160

Country

USA

Zip

Country

4. FEI Number

65-0721667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JAMISON, DAVID

2841 N. OCEAN BLVD. UNIT 2004

FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

David Jamison

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

290-174th ST #2416

City

Sunny Isles Bch

FL

Zip Code

33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JAMISON, DAVID J**
STREET ADDRESS **2841 N OCEAN BLVD #2004**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
NAME **BAZZON, FLAVIA**
STREET ADDRESS **2841 N OCEAN BLVD #2004**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Jamison, David J**
STREET ADDRESS **290-174th ST #2416**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Bazzon, Flavia**
STREET ADDRESS **290-174th ST #2416**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REDLINED **Jamison, President**

3-20-03

305-705-9915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)