

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022276

1. Entity Name
PRIMARY FINANCIAL GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 AM 9:47

Principal Place of Business 121 WATERWAY VILLAGE CT. WEST PALM BEACH FL 33413	Mailing Address 121 WATERWAY VILLAGE CT. WEST PALM BEACH FL 33413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	59-3431562	Applied For
		Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SCHAFF, SHIRLEY~~
105 WATERWAY VILLAGE CT.
WEST PALM BEACH FL 33413

Name **SCHAFF, SHIRLEY**
 Street Address (P.O. Box Number is Not Acceptable)
121 WATERWAY VILLAGE CT.
 City **WEST PALM BEACH** FL Zip Code **33413**

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	SCHAFF, SHIRLEY L	
STREET ADDRESS	105 WATERWAY VILLAGE CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFF, SHIRLEY	
STREET ADDRESS	121 WATERWAY VILLAGE CT.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003327052-9	
STREET ADDRESS	-07/19/00--01010--003	
CITY-ST-ZIP	***150.00 ***150.00	
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	8/9/13	
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: SIGNATURE REQUIRED Date 07/07/00 Daytime Phone # _____

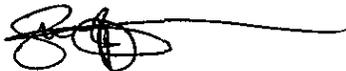
Attention: Karen Beyer
Re: Conversation on 7/7

Karen –

You and I had spoken about this account as I was surprised to receive a “second notice,” considering that I had already sent Check # 3648 for \$150.00. I have called my bank and it has not cleared and I am going to assume it is lost and cancel it out.

Here is a replacement check for \$150.00. Please call me with any questions at 561-966-6757 as your attention is tremendously appreciated!

Kind regards.



Shirley L. Schaff
Primary Financial Group, Inc.
