

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # P97000022276**

06-20-2001 90001 001 \*\*\*150.00

1. Entity Name  
**PRIMARY FINANCIAL GROUP, INC.**

Principal Place of Business  
**121 WATERWAY VILLAGE CT.  
 WEST PALM BEACH FL 33413**

Mailing Address  
**121 WATERWAY VILLAGE CT.  
 WEST PALM BEACH FL 33413**

2. Principal Place of Business  
**470 S. Pin Oak Pl. Suite 216**

3. Mailing Address  
**470 S. Pin Oak Pl. Suite 216**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Longwood, FL**

City & State  
**Longwood, FL**

Zip  
**32779**

Country  
**USA**

4. FEI Number **59-3431562** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHAFF, SHIRLEY  
 121 WATERWAY VILLAGE CT.  
 WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent  
 Name **SHIRLEY L. SCHAFF**  
 Street Address (P.O. Box Number is Not Acceptable)  
**470 S. Pin Oak Place Suite 216**  
 City **Longwood, FL** Zip Code **32779**

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 DATE **February 21, 2001**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAFF, SHIRLEY L</b>	
STREET ADDRESS	<b>121 WATERWAY VILLAGE CT.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33413</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>470 SOUTH PIN OAK PL. SUITE 216</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>	
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: DATE **2-21-01** (407) 788-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)