2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000083647** May 12, 2000 8:00 am Secretary of State 1. Entity Name PRIME COMMERCIAL, INC. 05-12-2000 90083 012 ***150.00 Mailing Address Principal Place of Business 1858 RINGLING BOULEVARD 1858 RINGLING BOULEVARD SARASOTA FL 34236 SARASOTA FL 34236-5917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0788092 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUMBAUGH, JOHN D ESQ. Street Address (P.O. Box Number is Not Acceptable) SYPRETT, MESHAD, RESNICK & LIEB 1900 RINGLING BOULEVARD SARASOTA FL 34236 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. VPTD ☐ Delete TITLE ☐ Change ☐ Addition TITLE GENHOFER, CHRISTINE NAME MAME 1858 RINGLING BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GENHOFER, DIETER NAME STREET ADDRESS STREET ADDRESS 1858 RINGLING BLVD CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change Delete TITLE GLENDINNING, RENEA M. NAME NAME STREET ADDRESS STREET ADDRESS 1858 RINGLING BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OBFICER OR DIRECTOR