

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90036 007 ***150.00

DOCUMENT # P99000006478

1. Entity Name

PRIMARY STRUCTURES, INC. OF SARASOTA

Principal Place of Business

Mailing Address

~~703 COURT STREET~~
 CLEARWATER FL 33756-5507

~~703 COURT STREET~~
 CLEARWATER FL 33756-5507

905594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13131-56th Ct

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#301

City & State

City & State

Clearwater FL

4. FEI Number

59-3563170

Applied For

Not Applied For

Zip

Country

Zip

Country

33760

Pinellas

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

JENNINGS, THOMAS C III
703 COURT STREET
CLEARWATER FL 33756-5507

Name

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

City

FL

Zip Code

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		President	
STREET ADDRESS		Michael W. McCord	
CITY-ST-ZIP		12 S. Pine Circle	
		Belleair FL 33756	
TITLE	<input type="checkbox"/> Delete	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Stephen D. Walters	
STREET ADDRESS		13425 Twig Terrace	
CITY-ST-ZIP		Largo FL 33774	
TITLE	<input type="checkbox"/> Delete	Sec. / Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Donald P. Schaller	
STREET ADDRESS		2701 13th Ave West	
CITY-ST-ZIP		Bradenton FL 34205	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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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:

Michael W. McCord
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
 Michael W. McCord

Date

1/17/00

Daytime Phone #

(727) 573-1988