

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90091 024 ***150.00

DOCUMENT # P99000012839

1. Entity Name

PRIMARIUS COMPUTING SERVICES, INC.

00034927



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7646 BROOKLINE STREET 7646 BROOKLINE STREET
WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544-5614

2. Principal Place of Business 3. Mailing Address
28033 State Road 54
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wesley Chapel FL
 Zip Country Zip Country
33543 Pasco

4. FEI Number Applied For
59-3562800 Not Applicable

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

6. Name and Address of Current Registered Agent
CORDERO, JANET A
7646 BROOKLINE STREET
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent
 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CORDERO, JANET A	
STREET ADDRESS	7646 BROOKLINE STREET	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CORDERO, JOSE A	
STREET ADDRESS	7646 BROOKLINE STREET	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORDERO, JOSE A	
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		
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: **Janet A Cordero** 3/3/00 813-991-543
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)