FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
06-05-2002 90413 036 ***150.00

DOCUMENT # P99000027221

1. Entity Name
Primary Training Pre-School & Child Care

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1723 Carpenters Run Blvd.
Suite, Apt. #, etc.
City & State
Lutz, FL
Zip 33559
Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569876
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Karen Landry
Street Address (P.O. Box Number is Not Acceptable)
1413 Fox Chapel Dr.
City Lutz FL Zip Code 33549

6. 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: Karen Landry (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required where indicated.) DATE: 6/3/02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Karen Landry
STREET ADDRESS	1413 Fox Chapel Dr.
CITY-ST-ZIP	Lutz, FL 33549
TITLE	Vice-President
NAME	Rudy Culumber
STREET ADDRESS	21 Seahorse
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	Secretary
NAME	Mary Culumber
STREET ADDRESS	21 Seahorse
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	Treasurer
NAME	Keith Landry
STREET ADDRESS	1413 Fox Chapel Dr.
CITY-ST-ZIP	Lutz, FL 33549
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Landry Karen Landry (813)949-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #