

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90354 014 ***150.00

DOCUMENT # P99000056083

1. Entity Name
PRIMETEST CORPORATION

Principal Place of Business
3931 COELEBS AVE
BOYNTON BEACH FL 33436

Mailing Address
3931 COELEBS AVE
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0927787**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYSE, PATRICK
3931 COELEBS AVENUE
BOYNTON BEACH FL 33436

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, 2002 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

TITLE
 NAME **PD WYSE, PATRICK L** ☐ Delete
 STREET ADDRESS **3931 COELEBS AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VD MENJOLET, A. SCOTT** ☐ Delete
 STREET ADDRESS **3821 DORRIT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **SD PUIG, LORI L** ☐ Delete
 STREET ADDRESS **1331 N NINE MILE RD**
 CITY-ST-ZIP **SANFORD MI 48657**

TITLE
 NAME **PUIG, LORI L** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D PRESS, DANIEL L** ☐ Delete
 STREET ADDRESS **6401 NW 26TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D ZARZYCKI, KEVIN S** ☒ Delete
 STREET ADDRESS **2910 WOODSEGE DR #242**
 CITY-ST-ZIP **PAINTED POST NY 14870**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Lori L. Puig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02
 Date

959-687-5969
 Daytime Phone #

CR2E034 (9/01)