

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90611 039 ***150.00

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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

60020462



2. Principal Place of Business

16899 Sea Daisy Drive

Suite, Apt. #, etc.

3. Mailing Address

PO Box 24-3018

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lantana, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0927787

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33424-3018

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYSE, PATRICK

3931 COELEBS AVENUE

BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Patrick Wyse

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

16899 Sea Daisy Drive

City

Lantana, FL

FL

Zip Code

33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYSE, PATRICK L 3931 COELEBS AVE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENJOLET, A. SCOTT 3821 DORRIT BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUNG, LORI L 1331 N NINE MILE RD SANFORD MI 48657	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESS, DANIEL L 6401 NW 26TH ST BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16899 Sea Daisy Drive Lantana FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI L PUNG, VP FINANCE

4-12-03

989-687-5969

Date

Daytime Phone #

CR2E034 (10/02)