

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90047 019 \*\*\*150.00

00010704



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S36088**  
 1. Entity Name  
**PRIME STOP, INC.**

Principal Place of Business 1121 ELLIS ROAD SOUTH JACKSONVILLE FL 32205	Mailing Address 1121 ELLIS ROAD SOUTH JACKSONVILLE FL 32205
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2. Principal Place of Business 2203.1 Dunn Ave Suite, Apt. #, etc.	3. Mailing Address 167 Stockton Street Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL 32204	4. FEI Number 59-3054297	Applied For <input type="checkbox"/> Not Applicable
Zip 32218	Country USA	Zip 32204	Country USA

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

**6. Name and Address of Current Registered Agent**

**RAYMOND ALBERT, ELIAN**  
**5365 OAK BAY DR. NORTH**  
**JACKSONVILLE FL 32211**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ALBERT, ELIAN RAYMOND</b>
STREET ADDRESS	<b>5365 OAK BAY DR. NORTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>ALBERT, MARY</b>
STREET ADDRESS	<b>5365 OAK BAY DR NORTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
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	<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: Elian Raymond Albert Date: 1/18/2001 Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)