

2001 UNIFORM BUSINESS REPORT (UBR)

0145116 SP

DOCUMENT # V05668

1. Entity Name
PRIME IMPORTS, INC.

FILED

01 OCT 05 PM 2:06

Principal Place of Business

439 PARLANE DR *
VENISE FL 34285

Mailing Address

439 PARLANE DR
VENISE FL 34285
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

101 W. VENICE AVE

3. Mailing Address

429 PARKLANE DR.

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City & State

VENICE, FLORIDA

City & State

VENICE, FLORIDA

Zip

Country

34285 SARASOTA

Zip

Country

34285 SARASOTA

4. FEI Number

59-3100506

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHILD, JOHANNES
429 PARKLANE DRIVE
VENICE FL 34285

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

S. H. Schild

S. H. SCHILD

9/30/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D ☐ Delete
NAME SCHILD, SUZANNA H.
STREET ADDRESS 429 PARKLANE DR
CITY-ST-ZIP VENISE FL 34285

TITLE D ☐ Delete
NAME SCHILD, JOHANNES
STREET ADDRESS 429 PARKLANE DR
CITY-ST-ZIP VENISE FL 34285

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800004661428-7
STREET ADDRESS -10/31/01--01069--004
CITY-ST-ZIP ****758.75 ****758.75

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

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

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

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

TITLE ☐ Change ☐ 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: *S. H. Schild*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/01

Date

941-480-0746

Daytime Phone #

CR2E034 (5/01)

SP