

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000108080

Entity Name: PRIMARY ART SERVICES SOUTH, INC.**Current Principal Place of Business:**1626 LATHAM ROAD
WEST PALM BEACH, FL 33409**Current Mailing Address:**35-02 BORDEN AVENUE
*MAILBOX ON GALE AVENUE
LONG ISLAND CITY, NY 11101 US**FEI Number:** 45-4120274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** MARK WILLIAMS

01/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	DANIELL, LISA
Address	35-02 BORDEN AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	DIRECTOR
Name	DANIELL, PETER
Address	35-02 BORDEN AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	PRESIDENT
Name	DANIELL, LISA
Address	35-02 BORDEN AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	VICE-PRESIDENT
Name	DANIELL, PETER
Address	35-02 BORDEN AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	SECRETARY
Name	DANIELL, LISA
Address	35-02 BORDEN AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	TREASURER
Name	DANIELL, LISA
Address	35-02 BORDEN AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA DANIELL

VP

01/22/2021

Electronic Signature of Signing Officer/Director Detail

Date