

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019703

1. Entity Name

PRITCHARD ENTERPRISES, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90090 044 \*\*\*150.00

Principal Place of Business

Mailing Address

234 S.W. 9TH AVENUE  
 BOYNTON BEACH FL 33435

P O BOX 610  
 BOYNTON BEACH FL 33425-0610  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**9676 ARALIA WAY**

Suite, Apt. #, etc.

City & State  
**BOYNTON Bch FL**

City & State

Zip  
**33436** Country  
**PALM Bch**

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0649514**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRITCHARD, TIMOTHY J  
 234 SW 9 AVE  
 BOYNTON BEACH FL 33435

None  
**PRITCHARD, TIMOTHY J.**

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

**9676 ARALIA WAY**  
**BOYNTON Bch FL 33436**

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]*

**TIMOTHY J. PRITCHARD**  
 - Pres -

**02/29/2000**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PRITCHARD, TIMOTHY J	P.O. BOX 610 N/A	BOYNTON BEACH FL 33425	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowers.

SIGNATURE:

*[Signature]*  
**TIMOTHY J. PRITCHARD**  
 - Pres -

**02/29/00**

**961 885 9371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)