

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P96000019703
1. Entity Name
PRITCHARD ENTERPRISES, INC.

AMENDED

02 JUL 16 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9676 ARALIA WAY
Suite, Apt. #, etc.

3. Mailing Address
PO Box 610
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BCH FL
Zip
33436
Country
PALM BCH

City & State
BOYNTON BCH FL
Zip
33425-0610
Country
PALM BCH

4. FEI Number
65-0649514
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
TIMOTHY PRITCHARD
Street Address (P.O. Box Number is Not Acceptable)
9676 ARALIA WAY
City
BOYNTON BCH FL Zip Code
33436

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 *Timothy Pritchard* **TIMOTHY PRITCHARD**
- PRESIDENT - **07-11-02**
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
~~After May 1, Fee is \$350.00~~
Amended UBR is \$61.25
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 P T	NAME TIMOTHY PRITCHARD	STREET ADDRESS 9676 ARALIA WAY	CITY-ST-ZIP BOYNTON BCH FL 33436
TITLE D VP S	NAME NADJA PRITCHARD	STREET ADDRESS 9676 ARALIA WAY	CITY-ST-ZIP BOYNTON BCH FL 33436
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100006469591--8
-07/17/02--01052--022
*******70.00 *****70.00**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE: *Timothy Pritchard* **TIMOTHY PRITCHARD**
- PRESIDENT - **07-11-02** (561) 374-0234
Date Daytime Phone #

CR2E034B (12/01)