

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295374

1. Entity Name
PRATT GROVES, INC.

Principal Place of Business
101 FAIRWAY DRIVE
HAINES CITY FL 33844

Mailing Address
101 FAIRWAY DRIVE
HAINES CITY FL 33844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90010 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1097439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRATT, JAMES B., SR.
101 FAIRWAY DRIVE
33844
HAINES CITY FL 33844

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

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 \$150.00
After May 1, 2002 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 VP
NAME HORINE, MARIE P.
STREET ADDRESS WESTMINSTER APT 314C 501 V. ES. RD.
CITY-ST-ZIP LYNCHBURG VA ☐ Delete

TITLE DP
NAME PRATT, JAMES B
STREET ADDRESS 101 FAIRWAY DR.
CITY-ST-ZIP HAINES CITY FL ☐ Delete

TITLE DST
NAME PRATT, JEAN P
STREET ADDRESS 101 FAIRWAY DR.
CITY-ST-ZIP HAINES CITY FL ☐ Delete

TITLE VP
NAME MILLER, JEANNE P.
STREET ADDRESS 161 LAGUNITAS RD.
CITY-ST-ZIP ROSS CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1- 7-02 (863-422-3720)

CR2E034 (9/01)