

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405144

1. Entity Name

PRUITT HUMPHRESS POWERS AND MUNROE MARKETING AND

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90091 010 ***150.00

Principal Place of Business

3360 CAPITAL CIR NE
 #C
 TALLAHASSEE FL 32308
 US

Mailing Address

P.O. BOX 15099
 TALLAHASSEE FL 32317
 US

2. Principal Place of Business

27 Pirates Cove Lane
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 278
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 St. Marks, Florida

Zip 32355 Country Wakulla

City & State
 St. Marks, Florida

Zip 32355 Country Wakulla

4. FEI Number 59-1406147

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRUITT, ROBERT MICHAEL
 3360 CAPITAL CIR NE
 SUITE C
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 P.O. Box 153
 21 Pirates Cove Lane
 City St Marks FL Zip Code 32355

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 Robert Michael Pruitt, President 9-03-00
 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 13, 2000 Min. 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	P	<input type="checkbox"/> Delete
NAME	PRUITT, R. MICHAEL	
STREET ADDRESS	1934 VINELAND LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRUITT, GLENDA G	
STREET ADDRESS	1934 VINELAND LN	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 Pirates Cove Lane	
STREET ADDRESS	St. Marks, FL 32355	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 Pirates Cove Lane	
STREET ADDRESS	St Marks, FL 32355	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-03-00

Date

850-925-1050

Daytime Phone #

CR2E034 (5/00)

attachment doc # 405144
00083692

**PRUITT
HUMPHRESS
POWERS
& MUNROE**
INCORPORATED

Marketing and Communications

Department of State
Division of Corporations
Tallahassee, FL 32302

Re: 2000 Filing Fee

To Whom It May Concern

We moved the location of our office a few months ago and apparently I did not receive or misplaced the first notice of our filing fee.

I would appreciate a waiver of the late charge for filing. I have enclosed a check for \$150.00 which would have been due.

Our new address is:

Pruitt Humphress Powers & Munroe
P. O. Box 278
St. Marks, FL 32355

Physical address: 27 Pirates Cove Lane
St. Marks, FL 32355

Phone Number: 850-925-1050
Fax Number: 850-925-1054

If you have any questions, please contact me at the above number.

Sincerely,

Glenda Pruitt

Glenda Pruitt