

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90036 031 ***150.00

0587648 AT

DOCUMENT # 405144

1. Entity Name

PRUITT HUMPHRESS POWERS AND MUNROE MARKETING AND COMMUNICATIONS, INC.

Principal Place of Business

**27 PIRATES COVE LANE
SAINT MARKS FL 32355
US**

Mailing Address

**P O BOX 278
SAINT MARKS FL 32355
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1406147

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PRUITT, ROBERT MICHAEL
P O BOX 153
21 PIRATES COVE LANE
SAINT MARKS FL 32355****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****P** ☐ Delete
**PRUITT, R. MICHAEL
21 PIRATES COVE LANE
SAINT MARKS FL 32355****V** ☐ Delete
**PRUITT, GLENDA G
21 PIRATES COVE LANE
SAINT MARKS FL 32355**☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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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:*Glenda G. Pruitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

850-925-1050

Daytime Phone #

CR2E034 (9/01)