FILED 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 413312** 1. Entity Name 03-01-2000 90046 045 ***150.00 THE PRICE COMPANY, INC. Principal izūi 6TH A ------ 417. 2. Princip

Mar 01, 2000 8:00 am Secretary of State

Principal Plac	ce of Business	Mailing Address							
201 6TH AVE W. 117. NATIONS BANK FL 34205		P.O. BOX 9270 1201 6TH AVE W BRADENTON FL 34206-9270 US							
2. Principal Place of Business		3. Mailing Address		7					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			C	OO NOT WRIT	TE IN THIS SI	PACE	
City & State		City & State		4. FEI	4. FEI Number 59-1562112				plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Nai	me and Addre	ss of New R	egistered Ag	gent	
	o. Helio and Address of Control		Name		 -				
PRICE JR, E.H. 1201 6TH AVENUE WEST			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
BRA	DENTON FL 34205		City				FL	Zip Code	
O The share	e named entity submits this statement for	the purpose of changing its	registered office or regis	tored agen	t or both in th	e State of Flo			
SIGNATURE			E: Registered Agent signature requ				DATE		
 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. After MAY 1, 2000 Fee will be \$ Make Check Payable to Departmen		State		d Contribution	n.	Added	May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDI	TIONS/CHAN	GES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE JR, E.H. 3009 RIVERVIEW BLVD W BRADENTON FL	□ De'ete	TITLE NAME STREET ADDRESS CITY-S1-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PRICE, JERALD S	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOON, ANN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, ELISE I. 3009 RIVERVIEW BLVD W BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Délete	TITLE NAME STREET ADDRESS					☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22, 2000

941-746-1024

Daytime Phone #