

\$ 15000
2000 UNIFORM BUSINESS REPORT (UBR)

I DID NOT RECEIVE THE PRE-PRINTED FORM

FILED

00 MAR -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT-# 444728

1. Entity Name

PRINGLE ENTERPRISES, INC.

PRINGLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6385 SO. MILITARY TRAIL
LAKE WORTH, FLA. 33463-7299

6385 SO. MILITARY TRAIL
LAKE WORTH, FL. 33463-7299

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SAME AS #1**

Suite, Apt. #, etc. **SAME AS #1**

City & State

City & State

Zip

Country

Zip

Country

DATE INC. 1-24-1974

4. PER Number
59-1526460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	PRINGLE, EDWARD J.	
STREET ADDRESS	4395 REDDING ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33436	<input type="checkbox"/> Delete
TITLE	VP	
NAME	CAROL L. PRINGLE	
STREET ADDRESS	7146 THOMPSON ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33426	<input type="checkbox"/> Delete
TITLE	SECY-TREAS.	
NAME	PRINGLE, FAYE C.	
STREET ADDRESS	4395 REDDING ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FLA. 33436	<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700003169917--9	
CITY-ST-ZIP	-03/14/00--01121--009	
	****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

KE

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:

Faye C. Pringle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECY-TREAS.

2-29- 00

(561) 439-1422

Date

Daytime Phone #

CR2E034 (9/99)