2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am § Secretary of State **DOCUMENT # 761105** 1. Entity Name 03-11-2002 90067 015 ****61.25 PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED ENTERPRISES, INC. Principal Place of Business Mailing Address 12425 28TH ST N 12425 - 28TH ST N SÚITE 103 ST PETERSBURG FL 33716 ET PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2167018 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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) BREWTON, WILBUR E. 225 SOUTH ADAMS STREET SUITE 250 Zip Code TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD ☐ Addition TITLE ☐ Delete TITLE LEIVA, MARIA C NAME NAME 1550 MADKYGA AVE, Swife 406 STREET ADDRESS STREET ADDRESS 2305 NW 107TH AVE STE 107 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition DAVIS, PAMELA J NAME ---NAME STREET ADDRESS 12425 - 28TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL SD Delete Change ☐ Addition TITLE TITLE D HUFF, JAMES E NAME STREET ADDRESS STREET ADDRESS 8465 OLD DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP WABASSO FL 32970 Delete Change ☐ Addition TITLE TITLE NAME GOODE, R. RAY STREET ADDRESS STREET ADDRESS 3600 NW 82ND AVENUE CITY-ST-ZIP CITY-ST-ZIP Miami Fl X. Delete ■ Addition TITLE TITLE Change NAME MAY, RANDALL L. NAME STREET ADDRESS STREET ADDRESS 245 CHALLENGER RD CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL ☐ Delete ☐ Change Addition TITLE TITLE NAME ALVAREZ, MARCELO A NAME STREET ADDRESS 777 BRICKELL AVE STE 1150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL 33131

12. 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 exponsis 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 employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

29/02 727-556 330

NOT-FOR-PROFIT CORPORATION UNIFORM-BUSINESS REPORT (UBR) DOCÚMENT# 761105 PRISON REHABILITATIVE INDUSTRIES AND DIVERSITIED 333222 ENTERPRISES, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12425 28th ST N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 103 City & State City & State 4. FEI Number Applied For Refers BURA <u>59-2167018</u> Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired 337*16* Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. TITLE CR2E037B (12/01 NAME Mellem, Kenneth L. NAME. STREET ADDRESS STREET ADDRESS 7856 BAYOU CLUB BL CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33777 TITLE NAME : NAME HAMILYONS L'AWRENZE Wi-STREET ADDRESS 5350 tech DATA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERR WITER, FL 33760 TITLE NAME NAME DRESSER, WILLIAM G. STREET ADDRESS STREET ADDRESS 192 ST, GEORGE CT DO NOT WRITE CITY-ST-ZIP JACKSONVIUE BEACH, FL 32250 CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME HIW, WALTER B. STREET ADDRESS STREET ADDRESS 611 NEW WARRINGTON RD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32566 TITLE MODRE, Michael W. NAME NAME STREET ADDRESS 2601 BLAIR STONE RD STREET ADDRESS CITY-ST-ZIP TAUNHASSEE, FL 32399 CITY-ST-ZIP TITLE NAME PEDDIE, EDWARD C. NAME -STREET ADDRESS 9500 S. DADELAND BL STE 500 STREET ADDRESS CITY-ST-7IP MIAMS SFL 33165 CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or on an

SIGNATURE:

attachment with an address, with all other like empowered.

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Affachment

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337	16 45			5. Certificate of	Status Desired	Fee Required
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DO NOT WRITE Street Address (P.C. IN THIS SPACE					Not Acceptable)	
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			City		FL	Zip Code
. The above	e named entity submits this statement for th	e purpose of changing its r	egistered office or register	red agent, or both, in	n the state of Florida.	
SIGNATURE						
·	"Signature, typed or printed name of registered agent and t	title if applicable (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
				 		
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