

# 2001 UNIFORM BUSINESS REPORT (UBR)

0608456

DOCUMENT # F00000005812

1. Entity Name

PRITCHARD INDUSTRIES (SOUTHEAST), INC.

FILED

01 MAY -1 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1120 AVENUE OF AMERICAS  
NEW YORK NY 10036-6761

Mailing Address

1120 AVENUE OF AMERICAS  
NEW YORK NY 10036-6761

2. Principal Place of Business

*Pritchard Industries, Southeast, Inc.*  
Suite, Apt. #, etc. *5-185*  
*5805 BLUE LAGOON DR*

3. Mailing Address

*Pritchard Industries, Southeast, Inc.*  
Suite, Apt. #, etc.  
*1120 Avenue of the Americas*

City & State

*Miami, Florida*

City & State

*New York, New York*

Zip

*33126*

Country

*U.S.A*

Zip

*10036*

Country

*U.S.A*

4. FEI Number **58-1927190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

*Tallahassee*

**FL**

Zip Code

*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

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, 2001 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 **CP** ☐ Delete  
NAME **PRITCHARD, PETER D**  
STREET ADDRESS **1120 AVENUE OF AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10036-6761**

TITLE **VCV** ☐ Delete  
NAME **PARODI, DOUGLAS**  
STREET ADDRESS **3715 NORTHSIDE PKWY., SUITE 450**  
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **DST** ☐ Delete  
NAME **SQUERI, FRANK J**  
STREET ADDRESS **1120 AVENUE OF AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10036-6761**

TITLE **D** ☐ Delete  
NAME **MANGUM, JIMMIE**  
STREET ADDRESS **216 BUSINESS CENTER DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **100004136691--4**  
STREET ADDRESS **-05/04/01--01071--004**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Thomas A. More*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS A. MORE / CONTROLLER**

Date

*4/25/01*

Daytime Phone #

*(212) 382-2295 x306*

CR2E034 (10/00)