


**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90467 033 ***158.75

DOCUMENT # F00000005812	
1. Entity Name PRITCHARD INDUSTRIES (SOUTHEAST), INC.	

DO NOT WRITE IN THIS SPACE

24074166

2. Principal Place of Business Pritchard Industries Southeast Inc. Suite, Apt. #, etc. 6161 Blue Lagoon Dr Ste 320 City & State Miami, FL Zip 33126		3. Mailing Address Pritchard Industries Southeast Inc. Suite, Apt. #, etc. 1120 Avenue of the Americas City & State New York, NY Zip 10036	
Country US	Country US		

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1927190		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CORPORATION SERVICE COMPANY	
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
	City Tallahassee	FL Zip Code 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PRITCHARD, PETER D 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILDRETH, PHIL 3715 NORTHSIDE PKWY. STE. 450 ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SQUERI, FRANK J 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MANGUM, JIMMIE 216 BUSINESS CENTER DRIVE BIRMINGHAM, AL 35244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **THOMAS MORR /Controller** **4/30/04** **(212) 382-2295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dattura Phone #

CR2E034B (12/02)