

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90157 026 ***558.75

DOCUMENT # F01000006611

1. Entity Name
PRINCE BROTHERS, INC.

Principal Place of Business

400 N. COFFEE AVENUE
RUSSELLVILLE AL 35653

Mailing Address

400 N. COFFEE AVENUE
RUSSELLVILLE AL 35653

00100473

2. Principal Place of Business

400 N. COFFEE AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

1100 FIFTH AVE South
~~400 N. COFFEE AVENUE~~
 Suite, Apt. #, etc.
Suite 201



DO NOT WRITE IN THIS SPACE

City & State **RUSSELLVILLE ALABAMA** **City & State** **NAPLES FLORIDA** **4. FEI Number** **72-1345094** **Applied For**
 Not Applicable

Zip **35653** **Country** **USA** **Zip** **34102** **Country** **USA** **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**
~~WOZNIAK, GLORIA~~ **TERRI L. LONG**
1100 5TH AVE., SOUTH #201
NAPLES FL 34102
Name **TERRI L. LONG**
Street Address (P.O. Bgx Number is Not Acceptable)
1100 FIFTH AVE. SOUTH, SUITE 201
City **NAPLES** **FL** **Zip Code** **34102**

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 *TERRI L. LONG* **9/18/02**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PRINCE, LARRY 400 N. COFFEE AVENUE RUSSELLVILLE AL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *TERRI L. LONG* **9/18/02** **239-430-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)