

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

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

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOZNIAK, GLORIA
1100 5TH AVE., SOUTH #201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name TERRI L. LONG

Street Address (P.O. Box 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/18/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

X

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 Trust Fund Contribution.

□

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD PRINCE, LARRY
400 N. COFFEE AVENUE
RUSSELLVILLE AL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02
DATE

239-430-2460
Daytime Phone #

CR2E034 (9/01)