

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F01000006611

1. Entity Name  
PRINCE BROTHERS, INC.



FILED

03 SEP 30 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
400 N. COFFEE AVENUE  
RUSSELLVILLE AL 35653  
US

Mailing Address  
1100 FIFTH AVE SOUTH  
SUITE 201  
NAPLES FL 34102  
US

2. Principal Place of Business

3. Mailing Address  
1016 Collier Center Way #101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 34110

City & State

Zip

Country

Zip

Country

34110

Collier

4. FEI Number 72-1345094

Applied For

Not Applicable

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

LONG, TERRI L  
1100 5TH AVE., SOUTH  
SUITE #201  
NAPLES FL 34102

Name

Bruce L. Nelson

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

1016 Collier Center Way

City

Naples

FL

Zip Code

34110

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 Bruce L. Nelson

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

(NOTE: Registered Agent signature required when reinstating)

September 24, 2003

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD  
NAME PRINCE, LARRY  
STREET ADDRESS 400 N. COFFEE AVENUE  
CITY-ST-ZIP RUSSELLVILLE AL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-03 256-332-100

Date

Daytime Phone #

CR2E034 (4/03)