

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**  
 04-18-2002 90479 015 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # F43986**  
 1. Entity Name  
**PRINGMART CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
**8278 S.W. 110 TERR.**      **8278 S.W. 110 TERR.**  
**MIAMI FL 33156**                      **MIAMI FL 33156**



2. Principal Place of Business      3. Mailing Address  
**8708 SW 79th place**      **8708 SW 79th place**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Miami FL**                      **Miami FL**  
 Zip      Country      Zip      Country  
**33143**                      **33143**

4. FEI Number      Applied For  
**59-2145053**                      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRINGLE, HUGH**  
**8278 S.W. 110 TERR.**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ (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, 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	PTD	<input type="checkbox"/> Delete
NAME	PRINGLE, HUGH K	
STREET ADDRESS	8278 S.W. 110 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **HUGH PRINGLE**      Date: **4/8/02**      Daytime Phone #: **305-279-1941**