

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91431 028 ***150.00

0672960 MR

DOCUMENT # F97000005068

1. Entity Name
PRUETT ADVISORS, INC.



Principal Place of Business
7301 SUNDANCE TR
B201
CAREFREE AZ 85377

Mailing Address
P.O. BOX 5622
CAREFREE AZ 85377



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 86-0779354

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POLLACK JR, GEORGE
101 E. KENNEDY SUITE 3300
COMMUNICATIONS EQUITY ASSOCIATES
TAMPA FL 33602

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE PD ☐ Delete
NAME PRUETT, STEVEN
STREET ADDRESS 37200 N PIMA RD
CITY-ST-ZIP CAREFREE AZ

TITLE ☒ Change ☐ Addition
NAME V. P. / Treasurer / D
STREET ADDRESS (V/D)
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PRUETT, PAULA
STREET ADDRESS 37200 N PIMA RD
CITY-ST-ZIP CAREFREE AZ

TITLE ☒ Change ☐ Addition
NAME President / D
STREET ADDRESS (P/D)
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: Paula Pruett President 4/15/03 480 488 2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)