## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 17, 2000 8:00 am DOCUMENT # **G63968** 1. Entity Name Secretary of State PRUGH INVESTMENT CORP. 03-17-2000 90031 008 \*\*\*150.00 Principal Place of Business Mailing Address 15881 S TAMIAMI TRAIL 15881 S TAMIAMI TRAIL SUITE 4 020143 FT MYERS FL 33908-4244 FT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2333582 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRANG, REGINA A Street Address (P.O. Box Number is Not Acceptable) 9100 BAYBERRY BEND #203 FORT MYSERS FL 33908 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE.NOW!!! FEE.IS.\$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5:00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TIT! F TITLE Delete STRANG, REGINA A NAME NAME STREET ADDRESS 9100 BAYBERRY BEND #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

12 Mar 2000 941.