

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 045 ***158.75

DOCUMENT #

1. Entity Name

Pridmore Corp.

984826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150 B East Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne Beach FL

Zip

Country

Zip

Country

32904

4. FEI Number

59-2516504

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

Jon Pridmore

150-B-East Drive

Melbourne

32904

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

Jon Pridmore

Jon Pridmore

4/29/02

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



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P/D*
NAME *Pridmore, Donna Jan*
STREET ADDRESS *295 Pelican Drive*
CITY-ST-ZIP *Melbourne Beach, FL 32951*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D/C*
NAME *Pridmore, Thomas C.*
STREET ADDRESS *415 Palmetto Place*
CITY-ST-ZIP *Indianapolis, FL 32903*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Butler, John*
NAME *200 Oak St.*
STREET ADDRESS *Melbourne Beach FL 32951*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Pridmore

Date

Daytime Phone #

4/29/02 *321-727-2491*

CR2E034B (12/01)