FILED
Jan 17, 2002 8:00 am
Secretary of State
01-17-2002 90012 008 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68213 ✓

804893

1. Entity Name
Pritchard Plumbing Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5224 17th St. Ct. E
Suite, Apt #, etc.
Bradenton, FL
City & State
Zip 34203 Country U.S.

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2576472 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Allan S. Martin
Street Address (P.O. Box Number is Not Acceptable) 18549 Bittern Avenue
City Lutz, FL Zip Code 33549

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 X [signature], President
Signature, typed or printed name of registered agent and title if applicable (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) ☐

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	President/Secretary/Treasurer/Director
NAME	Allan S. Martin
STREET ADDRESS	5224 17th St. Ct. E
CITY-ST-ZIP	~~Bradenton, FL 34203~~
TITLE	Director
NAME	Marie B. Martin
STREET ADDRESS	5224 17th St. Ct. E
CITY-ST-ZIP	Bradenton, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

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: X [signature], President (941) 753-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813 633 3397 P.02