

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13520

1. Entity Name

DEWITT-PRIDEMORE REALTY, INC.

Principal Place of Business

208 N FEDERAL HWY
POMPANO BCH. FL 33062

Mailing Address

208 N FEDERAL HWY
POMPANO BCH. FL 33062

2. Principal Place of Business

1220 NE 48 ST

Suite, Apt. #, etc.

3. Mailing Address

1220 NE 48ST

Suite, Apt. #, etc.

City & State

POMPANO BCH, FL

City & State

POMPANO BCH, FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

4. FEI Number

59-2697238

Applied For

Not Applicable

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

DEWITT, RICHARD

208 NORTH FEDERAL HIGHWAY

POMPANO BCH. FL 33062

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

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)

☐

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEWITT, RICHARD	
STREET ADDRESS	208 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEWITT, RICHARD	
STREET ADDRESS	208 NORTH FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90636 046 ***150.00

26245



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)