

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21927

1. Entity Name

PRATT, SMITH & COMPANY, CHARTERED

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90032 026 ***150.00

Principal Place of Business

1023 MANATEE AVE W
 4TH FLOOR
 BRADENTON FL 34205
 US

Mailing Address

P.O. BOX 9727
 BRADENTON FL 34206-9727
 US

2. Principal Place of Business

P.O. Box 9727

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9727-

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34209-9727

Country

US

Zip

34209-9727

Country

Manatee

4. FEI Number

59-2687594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. A., JR.
 1981 9TH AVE WEST
 BRADENTON FL 34205

Harry C. Pratt
 P.O. Box 9727
 Bradenton, FL
 34209-9727

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	PRATT, HARRY C.	
STREET ADDRESS	1023 MANATEE AVE. W. P.O. Box 9727	
CITY - ST - ZIP	BRADENTON FL BRADENTON, FL 34206-9727	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, W. A., JR.	
STREET ADDRESS	1301 9TH AVE WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 24, 2000

Date

(941) 792-1391

Daytime Phone #