## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2000 8:00 am Secretary of State **DOCUMENT # L53312** PRITCHETT PROPERTIES, INC. 05-10-2000 90084 011 \*\*\*150.00 Principal Place of Business Mailing Address HIGHWAY 121 SOUTH HIGHWAY 121 SOUTH P.O. BOX 311 P.O. BOX 311 LAKE BUTLER FL 32054-0311 LAKE BUTLER FL 32054 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3104185 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRITCHETT, M.H. Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 121 SOUTH LAKE BUTLER FL 32054 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE TITLE PRITCHETT, M.H. NAME STREET ADDRESS HWY 121 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE BUTLER FL ☐ Addition ☐ Delete TITLE Change TITLE PRITCHETT, JON W. NAME NAME HWY 121 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE BUTLER FL CITY-ST-ZIP Addition ☐ Delete TITLE TITLE WILSON, ROBIN P. NAME NAME STREET ADDRESS HWY 121 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE BUTLER FL ☐ Addition Change ☐ Delete TITLE PRITCHETT, PHILLIP W. NAME STREET ADDRESS HWY 121 SOUTH STREET ADDRESS LAKE BUTLER FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 25 2000

904-496-2630

Daytime Phone #