

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90106 013 ***150.00

0609291

DOCUMENT # P00000002801

1. Entity Name
PRELING INDUSTRIES, INC.

Principal Place of Business Mailing Address
15 N. OHIO AVE. **15 N. OHIO AVE.**
LIVE OAK FL 32060 **LIVE OAK FL 32060**

2. Principal Place of Business 3. Mailing Address
108 W. HOWARD ST. **108 W. HOWARD ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LIVE OAK, FL **LIVE OAK, FL**
 Zip Zip
32060 **32060**
 Country Country
U.S. **U.S.**

4. FEI Number Applied For
59-3618368 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PREVATT, JAMES W JR.
15 N. OHIO AVE.
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
150 N. OHIO AVE.
 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 **JAMES W. PREVATT, JR., PRESIDENT** DATE **3/1/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PREVATT, JAMES W JR.	
STREET ADDRESS	15 N. OHIO AVE.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STARLING, LARAMIE D	
STREET ADDRESS	10660 83RD. PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ASST. SEC. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY S. ALLEN	
STREET ADDRESS	1218 IRVIN AVE SW	
CITY-ST-ZIP	LIVE OAK, FL 32060	
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		
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 **Terry S. Allen, Asst** DATE **4/16/01** 386/362-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)