

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096008

1. Entity Name

PRITTS & ASSOCIATES, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90359 023 ***150.00

Principal Place of Business

Mailing Address

300 S. ORANGE AVE
 SUITE 1500 PMB140013
 ORLANDO, FL 32801

LU0000060

2. Principal Place of Business

3. Mailing Address

300 S. ORANGE AVE.
 Suite, Apt. #, etc.
 1500 PMB140013

300 S. ORANGE AVE.
 Suite, Apt. #, etc.
 1500 PMB140013

DO NOT WRITE IN THIS SPACE

City & State
 ORLANDO, FL
 Zip
 32801
 Country
 USA

City & State
 ORLANDO, FL
 Zip
 32801
 Country
 USA

4. FEI Number

65-1078685

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

JOSE FERNANDEZ
 2000 N.W. 22nd St.
 FT. LAUDERDALE, FL

Name
 JOSE FERNANDEZ
 Street Address (P.O. Box Number is Not Acceptable)
 300 S. ORANGE AVE.
 #1500 PMB140013
 City
 ORLANDO FL Zip Code
 32801

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

JOSE FERNANDEZ SECRETARY/TREASURER

4/24/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	DANA PRITTS	2000 N.W. 22nd St.	FT. LAUDERDALE, FL	<input type="checkbox"/>
VICE PRESIDENT	WILLIAM EARL	2000 N.W. 22nd St.	FT. LAUDERDALE, FL	<input type="checkbox"/>
SECRETARY/TREASURER	JOSE FERNANDEZ	11905 N.W. 99th Ave.	MIRALBA GARDEN, FL 32018	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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

JOSE FERNANDEZ SECRETARY 4/24/2001 3058235047

Date

Daytime Phone #

CR2E034 (11/00)