

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/14/

03 JUL 31 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

55052186

DOCUMENT # P00000096008

1. Entity Name  
PRITTS & ASSOCIATES, INC.



Principal Place of Business  
300 S. ORANGE AVE  
SUITE 1500, PMB 140013  
ORLANDO FL 32801

Mailing Address  
300 S. ORANGE AVE  
SUITE 1500, PMB 140013  
ORLANDO FL 32801

2. Principal Place of Business  
312 W. Grant  
Suite, Apt. #, etc.

3. Mailing Address  
312 W. Grant  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Orlando, FL  
Zip  
32806  
County  
Orange

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

FERNANDEZ, JOSE  
300 S. ORANGE AVE  
SUITE 1500, PMB 140013  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)  
312 W. Grant St

City & State  
Orlando FL 32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PO                      | <input type="checkbox"/> Delete |
| NAME           | PRITTS, DANA            |                                 |
| STREET ADDRESS | 2000 N.W. 22ND STREET   |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL       |                                 |
| TITLE          | VD                      | <input type="checkbox"/> Delete |
| NAME           | EARL, WILLIAM           |                                 |
| STREET ADDRESS | 2000 N.W. 22ND STREET   |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL       |                                 |
| TITLE          | STD                     | <input type="checkbox"/> Delete |
| NAME           | FERNANDEZ, JOSE E       |                                 |
| STREET ADDRESS | 11905 N.W. 89TH AVENUE  |                                 |
| CITY-ST-ZIP    | HALEAH GARDENS FL 33018 |                                 |
| 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    |                         |                                 |

11. 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 |  |                                                                   |
| 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    |  |                                                                   |

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E034 (4/03)

7/14



**PRITTS & ASSOCIATES**

Tuesday, July 22, 2003 **ROOFING AND SHEET METAL CONTRACTOR**  
#CCCC50475

Divisions of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-15-00

Re : Late Fee

Gentlemen:

Find attached a copy of the letter sent in with our \$150.00 check. Due to the fact that our office moved and we did not receive the first notice we were charged the \$400 late fee.

Our response to the \$400.00 late fee is that we did not receive the application until July 10, 2003.

Should you have any questions or require additional information please contact our this office.

Sincerely,

Jose Fernandez