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Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90211 016 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081609

1. Entity Name
PRACO SERVICES INC.

10066185

Principal Place of Business	Mailing Address
5591 LEHIGH AVENUE ORLANDO, FL 32807-1969	5591 LEHIGH AVENUE ORLANDO, FL 32807-1969

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14804 Windy Mount CiR	14804 Windy Mount CiR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont FL	City & State: Clermont FL
Zip: 34711 Country: Lake	Zip: 34711 Country: Lake

4. FEI Number: 59-3738639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: Timothy M Pittman
Street Address (P.O. Box Number Is Not Acceptable): 14804 Windy Mount CiR
City: Clermont FL Zip Code: 34711

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] DATE: 4-8-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PITTMAN, TIMOTHY M 5591 LEHIGH AVENUE ORLANDO, FL 328071969 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Pittman Timothy m. 14804 Windy mountCiR. Clermont FL 34711 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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] 4-8-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)