

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90166 006 ***150.00

DOCUMENT # P01000121458

1. Entity Name
PRATL INVESTMENTS CORPORATION



Principal Place of Business
**18010 MONTELAGO CT.
FT. MYERS FL 33913**

Mailing Address
**18010 MONTELAGO CT.
FT. MYERS FL 33913**

70001839



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3670558

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRATL, GEORGE M
18010 MONTELAGO CT.
FT. MYERS FL 33913**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	PRATL, GEORGE M						
	18010 MONTELAGO CT.						
	FT. MYERS FL 33913						

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE M PRATL

1-6-03

239-590-6912

Date

Daytime Phone #

CR2E034 (10/02)



Department of the Treasury
Internal Revenue Service

HOLTSVILLE, NY 11742

Attachment #

70001839

PB1000121458

In reply refer to: 0134145154
June 05, 2002 LTR 139C
04-3670558 000000 00 000
02332

PRATL INVESTMENTS CORPORATION
% GEORGE M PRATL
18010 MONTELAGO CT
FORT MEYERS FL 33913

Employer Identification Number: 04-3670558

Dear Taxpayer:

We are sorry, but we assigned you more than one employer identification number. The number shown above is your correct one. Do not use the incorrect number 69-0004512.

Please use the correct number and account name, exactly as shown above, on business tax returns, payments, payments made electronically, and related correspondence.

Please destroy any federal tax deposit coupon books (Form 8109) which show the incorrect employer identification number. We have ordered a corrected federal tax deposit coupon book and will provide it to you in five to six weeks.

If you are making a deposit electronically, please verify that your EIN is correct before making your deposit through the financial agent designated to process your electronic funds transfer (EFT) tax payments.

The original Employer Identification Number, 69-0004512, we assigned to you was in error. This EIN is not compatible with the Social Security Administration's database, and was deleted. The number in the heading of this letter is your correct EIN.

If you have any questions, please write to us at the address shown at the top of the first page of this letter. Or, you may call us at 866-816-2065 between the hours of 6:30 AM and 7:30 PM. If the number is outside your local calling area, there will be a long-distance charge to you.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____