


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 045 ***158.75

DOCUMENT # <i>P020000018034</i>	
1. Entity Name PRITCHARD INC.	

DO NOT WRITE IN THIS SPACE

90073956

2. Principal Place of Business 1301 SUNVIEW TERRACE Suite, Apt. #, etc.		3. Mailing Address 1441 SW DELOS AVE Suite, Apt. #, etc.	
City & State JENSEN BEACH, FL		City & State PORT ST. LUCIE, FL	
Zip 34957	Country USA	Zip 34954	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 47-0846649		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name LENORE E. PRITCHARD Street Address (P.O. Box Number is Not Acceptable) 1441 SW DELOS AVENUE City PORT ST LUCIE FL Zip Code 34954		

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 *Lenore E. Pritchard* **3/28/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reconstituting) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Phillip R. Pritchard 1441 SW Delos Avenue, PSL, FL. 34954	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip R. Pritchard* **3/28/03** **772-879-0533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

Attachment

90073956

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of OF FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRITCHARD INC.
2. The principal office address: 1441 SW DELOS AVENUE, PORT ST. LUCIE, FLORIDA 34954
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/18/2002 Document number: PO2000018034

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DON KIRKHAM JR.

5725 CORPORATE WAY - SUITE 102

WEST PALM BEACH, FL. 33407

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LENORE E. PRITCHARD

1441 SE DELOS AVENUE

(P.O. Box or personal mailbox NOT acceptable)

PORT ST. LUCIE, FLORIDA 34954

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Philip R. Britton
(Signature of an officer, chairman or vice chairman of the board)

President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lenore E. Pritchard
(Signature of Registered Agent)

4/15/2002

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314