

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036034

1. Entity Name  
VAN CLAAS BROS. INC



Principal Place of Business  
4522 121ST ST COURT W  
CORTEZ FL 34215

Mailing Address  
PO BOX 1271  
CORTEZ FL 34215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
FLORIDA

Zip

Country  
FLORIDA

4. FEI Number  
01-0654300

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

THOMAS, CYNTHIA A  
21 ORANGE ST.  
UNIT-A  
ST. AUGUSTINE FL 32084

Name  
THOMAS, CYNTHIA A.  
Street Address (P.O. Box Number is Not Acceptable)  
4522 121ST STREET WEST  
City  
CORTEZ FL Zip Code  
34215

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 *Cynthia A. Thomas* CYNTHIA A. THOMAS 3-24-03  
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 D ☐ Delete  
NAME BRITT, EDWARD J  
STREET ADDRESS 1609 NATALIE ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☒ Change ☐ Addition  
NAME BRITT, EDWARD J.  
STREET ADDRESS 1609 NATALIE ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL, 32084

TITLE D ☐ Delete  
NAME THOMAS, CYNTHIA A  
STREET ADDRESS 21 A ORANGE ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☒ Change ☐ Addition  
NAME THOMAS CYNTHIA A.  
STREET ADDRESS 4522 121ST STREET W  
CITY-ST-ZIP CORTEZ FL 34215-1271

TITLE D ☐ Delete  
NAME PRIGGE, ARNO CAPT.  
STREET ADDRESS 256 RIBERIA ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☒ Change ☐ Addition  
NAME PRIGGE ARNO  
STREET ADDRESS 4522 121ST STREET W  
CITY-ST-ZIP CORTEZ FL 34215-1271

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Arno Prigge* SIGNATURE REQUIRED PRIGGE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/10/2003 Daytime Phone # 795-4145

CR2E034 (10/02)