

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90239 021 ***150.00

DOCUMENT # P02000076405

1. Entity Name
PRAWN, INC.



Principal Place of Business
**111 5TH STREET
APALACHICOLA FL 32320**

Mailing Address
**P.O. BOX 513
APALACHICOLA FL 32329-0513**

00021030



2. Principal Place of Business
606 HWY 98 W

3. Mailing Address
P.O. BOX 513

Suite, Apt. #, etc.
HOUSE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
APALACHICOLA FLA

City & State
APALACHICOLA FLA.

4. FEI Number
05-0522030

Applied For
☐ Not Applicable

Zip Country
32320 FRANKLIN

Zip Country
32329-0513 FRANKLIN

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

**WHITE, JACK E
111 5TH STREET
APALACHICOLA FL 32320**

Name **WHITE, JACK E**
Street Address (P.O. Box Number is Not Acceptable)
606 HWY 98 W
City **APALACHICOLA FL** Zip Code **32320**

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 *J E White*
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PVST WHITE, JACK E**
STREET ADDRESS **P.O. BOX 513**
CITY-ST-ZIP **APALACHICOLA FL 32329-0513**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *J E White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-653-1425

CR2E034 (10/02)