2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P9400006396 PRALLE BUILDERS, INC. 04-17-2001 90097 004 ***158.75 Mailing Address Principal Place of Business 327 GROOVER CREEK CROSSING 327 GROOVER PREEK CROSSING ormond Beach FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address 75 N Thompson Creek Rd 75 N Thompson Crek Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3217321 Not Applicable <u>rmond</u>)CUODO \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRALLE, ROBERT A JR. Street Address (P.O. Box Number is Not Acceptable) 327 GROOVER CREEK CROSSING **ORMOND BEACH FL 32174** City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President Younell **Addition** TITLE Vice ☐ Change TITLE ☐ Delete PRALLE, ROBERT A NAME NAME 984 Stockney Prive 327 GROOVER CREEK CROSSING STREET ADDRESS STREET ADDRESS Ormand Beach, FL 32174 CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP ☐ Change 🔀 Addition Delete TITLE Robert E Moyer 1431,5. Daytona avenue NAME NAME STREET ADDRESS STREET ADDRESS Flagler Beach, FL 32136 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 under the energy freed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Slock 12 if the property of the composition of the corporation or the receiver of the corporation or the receiver or under the corporation of the corporation or the receiver of the corporation of the corporati changed, or on an attachment with like empowered.