

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91219 041 ***158.75

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DOCUMENT # P94000006396

1. Entity Name
PRALLE BUILDERS, INC.



Principal Place of Business
~~75 N THOMPSON CREEK ROAD~~
ORMOND BEACH FL 32174
US

Mailing Address
~~75 N THOMPSON CREEK ROAD~~
ORMOND BEACH FL 32174
US



2. Principal Place of Business

142 E. Granada Blvd 142 E. Granada Blvd

3. Mailing Address

142 E. Granada Blvd

Suite, Apt. #, etc.

208 (Ste.)

Suite, Apt. #, etc.

Ste 208

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

USA

Zip

32176

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3217321

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRALLE, ROBERT A JR.
~~327 GROOVER CREEK CROSSING~~
~~ORMOND BEACH FL 32174~~

7. Name and Address of New Registered Agent

Name PRALLE Robert A. JR.
Street Address (P.O. Box Number is Not Acceptable)
4 High Bluff Way
City Ormond Beach FL Zip Code 32174

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

Robert A. Pralle Jr. President

4-17-03

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

TITLE P
NAME PRALLE, ROBERT A
STREET ADDRESS 327 GROOVER CREEK CROSSING
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE V
NAME YARNELL, ERIC
STREET ADDRESS 984 SHOCKNEY DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE M
NAME MOYER, ROBERT E
STREET ADDRESS 1431 S DAYTONA AVE
CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Delete

TITLE MD
NAME ZORDA, RALPH
STREET ADDRESS 1159 PINE VIEW DR.
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PRALLE, Robert, A. Jr.
STREET ADDRESS 4 High Bluff Way
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

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

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

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

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

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

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:

Robert A. Pralle, Jr. President 4-17-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)