

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90611 021 ***150.00

DOCUMENT # **P94000046746**

1. Entity Name

LINDA A. PRATT, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17292 Perdido Key Dr. #A

3. Mailing Address

17292 Perdido Key Dr. #A

Suite, Apt. #, etc.

#A

Suite, Apt. #, etc.

#A

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32507

Country

US

Zip

32507

Country

US

4. FEI Number

59-3251178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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60020480

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LINDA PRATT

Street Address (P.O. Box Number is Not Acceptable)

17292 Perdido Key Dr. #A

City

PENSACOLA

FL

Zip Code

32507

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

Linda A. Pratt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
LINDA A. PRATT
17292 - Perdido Key Dr. #A
PENSACOLA, FL 32507**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Linda A. Pratt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-03

Daytime Phone #

850-497-0067

CR2E034B (12/02)