2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092784 1. Entity Name PRATT LEASING COMPANY, INC. Principal Piace of Business Mailing Address 5216 SW 91ST TERRACE 5216 SW 91ST TERRACE SUITE A SUITE A GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. ctc. Suito, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name PRATT, SANDRA Street Address (P. D 6210 CW 01ST TERRACE SUITE A **GAINESVILLE FL 32608** 8. The above named entity submits this statement for the purpose of changing its registered office or registered Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg. Gened Agent signature reculined whe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible fax filing requirement and elects to do so. After MAY 1, 2001 I'ee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE Delete TITLE NAME PRATT, RALPH C NAME STREET ADDRESS 10815 S.W. 11TH LANE STREET ADDRESS CHY-ST-ZIP **GAINESVILLE FL 32607** City-ST-7IP Delete THE TITLE PRATT, SANDRA MAME NAME STREET ADDRESS 10815 S.W. 11TH LANE STREET ADDRESS CITY-ST-ZIP CHTY-ST-712 **GAINESVILLE FL 32607** HILE ☐ Dolete TITLE NAME NAME STREET ADDRESS S18FET ADDRESS CITY-ST-7# CITY-ST-ZiP ☐ Dalete TIME HILE NAME NAME. STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZP TITLE ☐ Delete TITLE NAME MAMS STREET AUGRESS STREET ADDRESS CITY-S1-ZIP CHY ST-ZIP THUE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sectional Category on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Figure 20, or on an attachment with an address, with all other like empowered. 4-26-01 352-373-5300 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11

FILED Jun 02, 2001 8:00 am

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