

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

COMMERCE
AV

DOCUMENT # P96000001509

1. Entity Name
M. H. PRITCHETT SPECIAL ACCOUNT, INC.

04-30-2002 90204 041 ***150.00

Principal Place of Business
**228 E DUVAL ST
 LAKE CITY FL 32055**

Mailing Address
**228 E DUVAL ST
 LAKE CITY FL 32055**



2) Principal Place of Business
1050 SE 6th Street

3) Mailing Address
P O Box 311

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Butler, FL

City & State
Lake Butler, FL

4. FEI Number **59-3351228** Applied For
 Not Applicable

Zip Country Zip Country
32054 USA 32054 USA

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

6. Name and Address of Current Registered Agent
**GAFFORD, FRANK M
 228 E DUVAL ST
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITCHETT, MARVIN H. 1050 S.E. 6TH STREET LAKE BUTLER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRITCHETT, PHILLIP W. 1050 S.E. 6TH STREET LAKE BUTLER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marvin H. Pritchett* **4/15/2002** **386-496-2630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)