

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90686 020 ***150.00

AV CHCI111111

DOCUMENT # P96000006486

1. Entity Name
PRS MANAGEMENT, INC.



Principal Place of Business
**720 SOUTHLAND AVE
BUSHNELL FL 33513
US**

Mailing Address
**720 SOUTHLAND AVE
BUSHNELL FL 33513
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number **59-3381816**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAVES, RONNIE N
11927 SW 31ST TERRACE
WEBSTER FL 33579**

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. I am familiar with, and accept the obligations of registered agent.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	GRAVES, RONNIE N		
11927 SW 31ST TERRACE	11927 SW 31ST TERRACE		
WEBSTER FL 33579	WEBSTER FL 33579		
ST	GRAVES, LINDA R		
11927 SW 31ST TERRACE	11927 SW 31ST TERRACE		
WEBSTER FL 33579	WEBSTER FL 33579		

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: SIGNATURE GRAVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03 352-793-4477
Date Daytime Phone #

CR2E034 (10/02)