

FILED
Jun 10, 2002 8:00 am
Secretary of State
06-10-2002 90475 001 ***300.00

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

DOCUMENT # P96 000051396
1. Entity Name
W. B. PRINGLE III ESQUIRE P.A.

DO NOT WRITE IN THIS SPACE

92134

2. Principal Place of Business 390 N ORANGE AVE Suite, Apt. #, etc. 2100 City & State ORLANDO FL Zip 32801 Country USA	3. Mailing Address 390 N ORANGE AVE Suite, Apt. #, etc. 2100 City & State ORLANDO FL Zip 32801 Country USA
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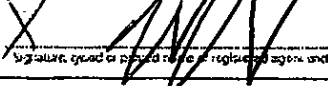
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3384538	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
WILLIAM B PRINGLE III
Street Address (P.O. Box Number is Not Acceptable)
390 N ORANGE AVE
SUITE 2100
City
ORLANDO FL Zip Code
32801

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.

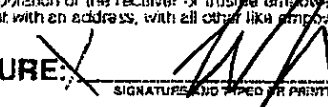
SIGNATURE  X April 30, 2002
(Signature, name and printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when renewing.) DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$0.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM B PRINGLE III 390 N ORANGE AVE SUITE 2100	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ORLANDO FL 32801 President / Director	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  X April 30, 2002 407/843-3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034B (12/01)