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 0000 51396

1. Entity Name
W. B. PRINGLE III ESQUIRE P.A.

DO NOT WRITE IN THIS SPACE

92134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
390 N ORANGE AVE	390 N ORANGE AVE
Suite, Apt. #, etc. 2100	Suite, Apt. #, etc. 2100
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801 Country USA	Zip 32801 Country USA

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 _____ DATE: X April 30, 2002

(Signature, dated and typed name of registered agent, and date if applicable) (NOTE: Required Agent signature required when reinstating)

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 $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: WILLIAM B PRINGLE III / 390 N ORANGE AVE / SUITE 2100 / 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:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ X April 30, 2002 407 843-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #