

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90192 019 ***150.00

DOCUMENT # P96000052395					
1. Entity Name PRINE SCIENTIFIC, INC.					
Principal Place of Business 2517 NW 21ST STREET FT LAUDERDALE, FL 33305 US			Mailing Address 2517 NE 21ST STREET FT LAUDERDALE, FL 33305 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0675685	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		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		
PRINE, CLAUDIA M 2517 NE 21 ST FT LAUDERDALE, FL 33305			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 <u>PRINE, CLAUDIA M PRINE President</u> DATE <u>5/1/03</u>					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR PRINE, CLAUDIA 2517 NE 21ST STREET FT LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PRINE, KEVIN YORK 2517 NE 21ST STREET FT LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, both of which are empowered.					
SIGNATURE: <u>PRINE, CLAUDIA M PRINE President</u> DATE <u>5/1/03</u> (954) 566-8108					

CR22034 (10/02)