


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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 022 ***150.00

DOCUMENT # P96000074267	
1. Entity Name Pratt's Auto Parts, Inc	

DO NOT WRITE IN THIS SPACE

11017213

2. Principal Place of Business 315 Ansini Road Suite, Apt. #, etc.	3. Mailing Address 315 Ansini Road Suite, Apt. #, etc.
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City & State Rockledge FL	City & State Rockledge FL	4. FEI Number 59-3402362	Applied For <input type="checkbox"/> Not Applicable
Zip 32956	Country USA	Zip 32956	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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 Signature, typed or printed name of registered agent and title if applicable. <u>January 1 - May 1 Fee is \$150.00</u> After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	(NOTE: Registered Agent signature required when reinstating)	DATE
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE President - Vice President	NAME William Pratt	TITLE	NAME
STREET ADDRESS 910 Jamestown Dr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Rockledge, FL 32955	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Secretary / Treasurer	NAME Lisa Pratt	TITLE	NAME
STREET ADDRESS 910 Jamestown Drive	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Rockledge FL 32955	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

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 on an attachment with an address with all other duly empowered

SIGNATURE:  WILLIAM PRATT	Date (321)631.1280
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)