

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100837

1. Entity Name

PRATT, DAVIS AND COMPANY, P.A.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90006 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1023 MANATEE AVE WEST  
 4TH FLOOR PROFESSIONAL BLDG  
 BRADENTON FL 34205  
 US

PO BOX 9727  
 4TH FLOOR PROFESSIONAL BLDG  
 BRADENTON FL 34206-9727  
 US

2. Principal Place of Business

P.O. Box 9727

Suite, Apt. #, etc.

in Liquidation

City & State

BRADENTON, FL

Zip

34206-9727 Manatee

Country

3. Mailing Address

PO BOX 9727

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34206-9727

Country

Manatee



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3419156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GRIMES, WILLIAM C  
 1023 MANATEE AVE. WEST  
 BRADENTON FL 34205

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY-1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution:

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**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
 NAME PRATT, HARRY C  
 STREET ADDRESS 5208 8TH AVENUE DRIVE WEST  
 CITY-ST-ZIP BRADENTON FL 36209

☐ Delete

TITLE SRO  
 NAME DAVIS, MARSHA L  
 STREET ADDRESS 2406 CRISPIN COURT  
 CITY-ST-ZIP SARASOTA FL 34235

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TITLE  
 NAME  
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Harry C Pratt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 24 2000* (941) 792-1391  
 Date Daytime Phone #