

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90031 032 \*\*\*150.00

**DOCUMENT # P97000047961**  
 1. Entity Name  
**PREWITT BUILDERS, INC.**

Principal Place of Business      Mailing Address  
**1321 ALMA ST.**      **1321 ALMA ST.**  
**LAKELAND FL 33803**      **LAKELAND FL 33803-3205**

2. Principal Place of Business      3. Mailing Address  
**1321 Alma St**      **1321 Alma St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Lakeland FL**      **Lakeland FL**  
 Zip      Zip      Country      Country  
**33803-3205**      **33803-3205**      **FL**      **FL**

4. FEI Number      Applied For  
**59-3451114**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PREWITT, WILL**  
**1321 ALMA ST.**  
**LAKELAND FL 33803**

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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>PAEWITT, WILL</b> <b>1321 ALMA ST</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>PREWITT, GLORIA</b> <b>1321 ALMA ST</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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: Will Prewitt      Date: 4-23-2000      Daytime Phone #: 863-687-2899

CF 014-39915