

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90023 035 ***150.00

DOCUMENT # P97000050149

1. Entity Name
PRATT'S CONSULTANT SERVICES INC.

Principal Place of Business

17466 SW 20TH ST.
 MIRAMAR FL 33029

Mailing Address

P.O. BOX 822236
 S. FLORIDA FL 33082-2236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TEMBROKE PINES

4. FEI Number **65-0805119**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PRATT, RAYMOND E
17466 SW 20TH ST.
MIRAMAR FL 33029

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PRATT, RAYMOND E	
STREET ADDRESS	17466 SW 20TH ST	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRATT, HAZEL S	
STREET ADDRESS	17466 SW 20TH ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

RAYMOND E PRATT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02 354 450 9068

Date Daytime Phone #

CR2E034 (9/01)