

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093468

1. Entity Name

PRITCHARD TRUCKING, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90028 013 ***150.00

Principal Place of Business

Mailing Address

MAGALA AVE.
ORANGE PARK FL 32073

8304 MAGALA AVE.
ORANGE PARK FL 32073-2135

2. Principal Place of Business

8304 MAGALA AVE.
Suite, Apt. #, etc.

3. Mailing Address

8304 MAGALA AVE.
Suite, Apt. #, etc.

City & State

ORANGE PARK, FL 32073

City & State

ORANGE PARK, FL

4. FEI Number

59-3438697

Applied For

Not Applicable

Zip

32073

Country

United States

Zip

32073

Country

United States

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

PRITCHARD, MICHAEL E
8304 MAGALA AVE.
ORANGE PARK FL 32073

Name

MICHAEL E. PRITCHARD

Street Address (P.O. Box Number is Not Acceptable)

8304 MAGALA AVE

City

ORANGE PARK

FL

Zip Code

32073

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

Michael E. Pritchard

4/17/00

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRITCHARD, CONNIE J	
STREET ADDRESS	8304 MAGALA AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHARD, MICHAEL E	
STREET ADDRESS	8304 MAGALA AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Michael E. Pritchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

904 264-1135

Daytime Phone #

CR2E034 (9/99)