

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027992

1. Entity Name

PRYCO ENTERPRISES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90382 020 ***158.75

Principal Place of Business 1208 N.W. 72 AVE MIAMI FL 33126	Mailing Address 8933 SW 123 COURT STE 102 MIAMI FL 33186-1983
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2. Principal Place of Business 8933 S.W. 123 CT	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State
Zip 33186	Country

4. FEI Number 65-0822749	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LYNDELIOUS, WALTER 9946 N.W. 49TH TERR MIAMI FL 33178 LYNDELIOUS
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD COCKRELL, DAVID A 8933 SW 123 COURT, STE 102 MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
CEOS PRYCO, RALPH L 8933 SW 123 COURT, STE 102 MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D PRYCO, RALPH L 8933 SW 123 COURT, STE 102 MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP D PAUL MARKS 62 DAKOTA ST HICKSVILLE, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
STD WALTER D. LUNDELIOUS SR. 9946 N.W. 49 TER MIAMI FL 33178	
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 checked="" type="checkbox"/> Change <input type="checkbox"/>
CMPP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 305 592 5822
Date Daytime Phone #