

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000013773**

1. Entity Name

SHARON PRUYNE, INC.

Principal Place of Business

**9546 S.W. 1 COURT
CORAL SPRINGS FL 33071**

Mailing Address

**9546 S.W. 1 COURT
CORAL SPRINGS FL 33071**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0900037**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUTWAK, SCOTT W CPA
1191 E. NEWPORT CENTER
SUITE 208
DEERFIELD BEACH FL 33071**

7. Name and Address of New Registered Agent

Name **MARCIA E MUCCI CPA**

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

5110 NW 106 LaneCity **Coral Springs**

FL

Zip Code **33076**

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

1/24/2001

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐**FILE NOW!!! FEE IS \$150.00****After MAY-1, 2001-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 **D** ☐ DeleteNAME **PRUYNE, SHARON**
STREET ADDRESS **9546 S.W. 1 COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2001 954753-5057
Date Daytime Phone #**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90310 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)