

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000024376**1. Entity Name  
PRENTICE AND BRYANT OF FLORIDA, INC.Principal Place of Business  
411 CLEVELAND ST. MS #201  
CLEARWATER FL 33755  
Mailing Address  
411 CLEVELAND ST. MS #201  
CLEARWATER FL 337552. Principal Place of Business  
411 CLEVELAND ST. PMB 201  
3. Mailing Address  
411 CLEVELAND ST. PMB 201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CLEARWATER FL  
City & State  
CLEARWATER FLZip  
33755  
Country  
Zip  
33755  
Country4. FEI Number  
59-3573692  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**HADLEY JAMES A  
411 CLEVELAND ST. MS #201  
CLEARWATER FL 33755**7. Name and Address of New Registered Agent**Name  
HADLEY JAMES A  
Street Address (P.O. Box Number is Not Acceptable)  
411 CLEVELAND ST. PMB 201  
City  
CLEARWATER FL Zip Code  
33755

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 \_\_\_\_\_ 05/29/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY JAMES A 411 CLEVELAND ST. MS #201 CLEARWATER FL 33755 <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	O HADLEY JUDITH GTREA 411 CLEVELAND ST. PMB 201 CLEARWATER FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY JAMES A 411 CLEVELAND ST. PMB 201 CLEARWATER FL 33755 <input checked="" 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: JAMES A. HADLEY**

D

05/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)