

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000094025

1. Entity Name

EARL PRUITT'S WELL AND PUMP SERVICE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 18 AM 6:42

Principal Place of Business

5860 102ND AVENUE, NORTH  
PINELLAS PARK FL 33782

Mailing Address

5860 102ND AVENUE, NORTH  
PINELLAS PARK FL 33782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
04-13-00 90042 013 \$150.00

4. FEI Number

59-3606524

Applied For

Not Applicable

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

PRUITT, EARL  
5860 102ND AVENUE, NORTH  
PINELLAS PARK FL 33782

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

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

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P  
PRUITT, EARL  
5860 102ND AVENUE, N  
PINELLAS PARK, FL 33782

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00 727-439-2300  
Date Daytime Phone #

CR2E034 (5/00)

8-16-00. 20Fr

TO: 2000 - Uniform Business Reports  
# Document #P990000 94025 -  
Earl Pruitt's well & Pump Ser. INC.

I Sent out the 1<sup>st</sup> Form, But  
My C.P.A., Must Not ot Filled out #11.  
I never Got a letter. & you Have my  
\$150.<sup>00</sup>, I Spoke to Michael at.  
~~850-487-6059 (#2) & She Told me~~  
~~To Fill out My Name, Title, Address,~~  
On this Form & Sent it to you.  
If you Have any Qust. Please Call  
ME at 727-544-0718.

Thanks -  
Earl Pruitt