2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **P99000104822**

P. R. PARTNERS, INC.

Principal Place of Business

SIGNATURE:

GOORTEZ ROAD V		3651 CORTEZ ROAD WEST BRADENTON FL 34210	#300				
2. Principal Place of	f Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
City & State		City & State		4.	FEI Number		oplied For
		7:-	Country	65-0976410		\$8.75 Ad	ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	Fee Require	
6.	Name and Address of Current Re	egistered Agent		7.	Name and Address of New Register	ed Agent	
DEITRICH, DAVID K 1111 THIRD AVENUE WEST			Name Street A	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 300 BRADENT	ON FL 34205	City				Zip Coc	de
	d entity submits this statement for t		registered office o	r registered ag	gent, or both, in the State of Florida.		
Signatu	ire, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signa	ure required when r	reinstating) DA	TE	
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 Str		550.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND D	IRECTORS	12.		DDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAT STE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank A. Buskirk REET ADDRESS 3651 Cortez Road W., Suite 300			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Change Change Change Steve E. Summers 3651 Cortez Road W., Suite 300 Bradenton, FL 34210			EX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Frank 3651 C	A. Buskirk Cortez Road W., Suita	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE GGG	rootty Et January	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ 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 an other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

"STÈVE E. SUMMERS

Apr 21, 2000 8:00 am Secretary of State 04-21-2000 90138 049 ***150.00