

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90023 035 ***150.00

DOCUMENT # S58986
 Entity Name

PRAGER BUILDERS, INC.

Principal Place of Business HWY 427 SANFORD FL 32773	Mailing Address 5137 HWY 427 SANFORD FL 32773-6328 US
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714816



DO NOT WRITE IN THIS SPACE

Principal Place of Business <i>5449 Benchmark Ln</i> Suite, Apt. #, etc. <i>Suite 173</i> City & State <i>Sanford Fl.</i> Zip <i>32773</i>	Country <i>Seminole</i>	3. Mailing Address <i>5449 Benchmark Ln</i> Suite, Apt. #, etc. <i>Suite 173</i> City & State <i>Sanford Fl.</i> Zip <i>32773</i>	Country <i>Seminole</i>
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4. FEI Number 59-3071715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRAGER, KENT R.
5137 HWY 427
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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 Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PRAGER, KENT R. 5137 HWY 427 SANFORD FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kent R. Prager* **Kent Prager** 2/12/00 407 619 2650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)