

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90091 011 \*\*\*150.00

00020490



DO NOT WRITE IN THIS SPACE

DOCUMENT # M91794

1. Entity Name  
R.A. PRICHARD INC

Principal Place of Business  
6177 COUNTRY FAIR CIRCLE  
BOYNTON BEACH FL 33437

Mailing Address  
495 N.E. 4TH ST.  
SUITE 7  
DELRAY BEACH FL 33483-4542  
US

2. Principal Place of Business  
495 NE 4TH ST.  
Suite, Apt. #, etc.  
SUITE 7  
City & State  
DELRAY BEACH, FL  
Zip  
33483-4542  
Country  
US

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
65-0111985

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROBERT ANDREW PRICHARD  
6177 COUNTRY FAIR CIR.  
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent  
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.  
ROBERT ANDREW PRICHARD  
(NOTE: Registered Agent signature required when reinstating)  
1-8-01  
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
ROBERT ANDREW PRICHARD  
Date  
5/4/2001  
Daytime Phone #  
561-272-7055

CR2E034 (10/00)