

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-12-2001 90214 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110306

1. Entity Name

PROSPERITY 1 INCORPORATED

Principal Place of Business

801 BAY POINT DR
MADEIRA BCH FL 33708

Mailing Address

801 BAY POINT DR
MADEIRA BCH FL 33708

2. Principal Place of Business

801 BAY PT. DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MADEIRA BCH, FL

City & State

4. FEI Number

59-3685469

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

LEVES, FRANK R.
801 BAY POINT DR
MADEIRA BCH FL 33708

7. Name and Address of New Registered Agent

Name

SAME

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 fee 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 \$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. PRESIDENT/OFFICERS AND DIRECTORS

TITLE: FRANK R. LEVES ☐ Delete
 NAME: 801 BAY PT. DR
 STREET ADDRESS: MADEIRA BCH FL 33708
 CITY-ST-ZIP:

TITLE: VICE PRESIDENT ☐ Delete
 NAME: DEBRA L. MORSE
 STREET ADDRESS: 4526 6TH AVEN.
 CITY-ST-ZIP: ST. PETERSBURG FL 33713

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

Date

Daytime Phone #

2-5-01 727-397-5161

CP20034 (10/00)