

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90099 012 \*\*\*150.00

DOCUMENT # P03000150762

1. Entity Name

PRUDENT ENTERPRISES, INC.



**DO NOT WRITE IN THIS SPACE**

**50050239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

565 Colonial Rd

Suite, Apt. #, etc.

565 Colonial Rd

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34293

Country

Zip

34293

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0132102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ERIK L. OLSEN

Street Address (P.O. Box Number is Not Acceptable)

565 Colonial Rd

City

VENICE

**FL**

Zip Code

34293

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D/ST</u> <u>ERIK L. OLSEN</u> <u>565 Colonial Rd</u> <u>VENICE FL 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP/D</u> <u>PAUL L. POSSINGER</u> <u>4507 CRYSTAL RD.</u> <u>VENICE, FL 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP/D</u> <u>WADE H. FINGER</u> <u>1076 ROBERTA ST.</u> <u>VENICE, FL 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Erik Olsen

ERIK L. OLSEN

04/04/05

941-493-6903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #