

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90037 006 \*\*\*150.00

0056939 AV

**DOCUMENT # 195560**

1. Entity Name  
**PRYOR ENTERPRISES, INC.**

Principal Place of Business  
**99 EGLIN PKWY NE**  
**SUITE 46**  
**FT. WALTON BEACH FL 32548**

Mailing Address  
**99 EGLIN PKWY NE**  
**SUITE 46**  
**FT. WALTON BEACH FL 32548**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0945255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SLOAT,DYE ANNA**  
**COUNTY ROAD S 30-A**  
**SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name **Susan S. Myers**

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

**31 Bay Drive, SE**

City **Fort Walton Beach**

**FL**

Zip Code **32548**

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 **Susan S. Myers Susan S. Myers**

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

(NOTE: Registered Agent signature required when reinstating)

**03/14/02**

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, 2002 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

TITLE **PD** ☒ Delete  
 NAME **SLOAT,DYE ANNA**  
 STREET ADDRESS **POBOX 1191,CNTRY RD S30A**  
 CITY-ST-ZIP **SANTA ROSA BEACH FL**

TITLE **D** ☐ Delete  
 NAME **SASSER, WILLIAM M**  
 STREET ADDRESS **900 ADAMS CROSSING SUITE 2200**  
 CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **SD** ☐ Delete  
 NAME **MYERS, SUSAN S**  
 STREET ADDRESS **31 BAY DRIVE SE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P, D** ☒ Change ☐ Addition  
 NAME **Sasser, William M**  
 STREET ADDRESS **900 Adams Crossing**  
 CITY-ST-ZIP **Cincinnati, OH 45202**

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

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

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

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

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: **Susan S. Myers Susan S. Myers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/14/02**

Date

**850-664-5665**

Daytime Phone #

CR2E034 (9/01)