

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96901

1. Entity Name

PROSPECT BOOKS INC.

Principal Place of Business

2912 CALLE DERECHA  
SANTA FE NM 87505  
US

Mailing Address

2912 CALLE DERECHA  
SANTA FE NM 87505-6530  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHMELIN, TERESA M  
439 NORTHWOOD CRESCENT  
ALTAMONTE SPRINGS FL 32714

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

(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, 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

TITLE PD  
NAME MICHAELSON, SANDRA A.  
STREET ADDRESS 2912 CALLE DERECHA  
CITY-ST-ZIP SANTA FE NM ☒ Delete

TITLE STD  
NAME MICHAELSON, PETER A.  
STREET ADDRESS 2912 CALLE DERECHA  
CITY-ST-ZIP SANTA FE NM ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
deceased, July 1, 1999

TITLE PD  
NAME Michaelson, Peter A.  
STREET ADDRESS 2912 Calle Derecha  
CITY-ST-ZIP Santa Fe, NM 87505 ☒ Change ☐ Addition

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

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

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

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

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:

*Peter Michaelson* Peter Michaelson, President

Date

4/12/00 505.438.3732

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0098980

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required