

2000 UNIFORM BUSINESS REPORT (UBR)

0011784 AF

DOCUMENT # M98000000979

1. Entity Name

PROSPER ELECTRONIC PUBLISHERS LLC

FILED

00 MAR 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

310 NORTHEAST BLVD. N.
ST. PETERSBURG FL 33702-7557

Mailing Address

P.O. BOX 23152
ST PETERSBURG FL 33742-3152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, KEITH CPA
2244 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GEORGE, GERA
STREET ADDRESS 310 NORTHEAST BLVD. N.
CITY-ST-ZIP ST. PETERSBURG FL 33702-7557

TITLE MGRM ☒ Change ☐ Addition
NAME GEORGE, GERA
STREET ADDRESS 8685 KUMQUAT AVE
CITY-ST-ZIP LARGO FL 33777-3528

TITLE MGR ☐ Delete
NAME GEORGE, STEVE E
STREET ADDRESS 310 NORTHEAST BLVD. N.
CITY-ST-ZIP ST. PETERSBURG FL 33702-7557

TITLE MGR ☒ Change ☐ Addition
NAME GEORGE, STEVE EDWARD
STREET ADDRESS 8685 KUMQUAT AVE
CITY-ST-ZIP LARGO, FL 33777-3528

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300003183513--2
-03/24/00--01091--001

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

George TNGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/7/2000
Date

(727) 319-8867
Daytime Phone #

CR2E083 (9/99)