

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90255 003 ****70.00

DOCUMENT # N95000002551

1. Entity Name

PRODIGAL HOUSE, INC.

Principal Place of Business

Mailing Address

193 SOUTH EAST NORFOLK BOULEVARD
STUART FL 34997

193 SOUTH EAST NORFOLK BOULEVARD
STUART FL 34997

A0020449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0589478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER, LOUIS
193 SOUTH EAST NOKFOLF BLVD
STUART FL 34995**

Name **PAUL W MILLER**

Street Address (P.O. Box Number is Not Acceptable)
2487 NE SHARP ST

City **JENSEN BEACH**

FL

Zip Code **34957**

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

PAUL W. MILLER SEC.

Paul W Miller

1-28-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, LOUIS A 193 SOUTH EAST NORFOLK BOULEVARD STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, DENNIS 510 N RIVER ROAD STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, PAUL W 2487 N 1ST SHARP ST JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWLER, KEITH 1201 PALM BEACH RD C 203 START FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLANO, EDWARD 2510 SE ANCHORAGE COVE RD PT. ST. LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHARLES SAUNDERS 2885 INDIAN ST. STUART FL 34996	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES SAUNDERS 2885 INDIAN ST STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBY GORDWIN 1290 SE PARKVIEW PL #A1 STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE CIECHANOWSKI 1074 NW 12 TERR STUART FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHANIEL BURKE 2100 S. OCEAN BLVD STUART FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRODIGAL HOUSE, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-01 561334821

Date

Daytime Phone #

CR2E037 (10/00)