

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N95000002551

1. Entity Name

PRODIGAL HOUSE, INC.

02 AUG -9 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

137 S.E. TODD AVE

3. Mailing Address

137 S.E. TODD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Saint Lucie

City & State

Port Saint Lucie

4. FEI Number

650589478

Applied For

Not Applicable

Zip

34983

Country

Saint Lucie

Zip

34983

Country

Saint Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES WILSON

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

1151 SW 30TH ST

City

Palm City

FL

Zip Code

34990

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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)

7/15/02

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE PRES
NAME STEVEN MARTIN DALE
STREET ADDRESS 137 S.E. TODD AVE
CITY - ST - ZIP PORT SAINT LUCIE, FL 34983

TITLE VP
NAME TRACY MARTIN DALE
STREET ADDRESS 137 S.E. TODD AVE
CITY - ST - ZIP PORT SAINT LUCIE, FL 34983

TITLE SGT
NAME JAMES WILSON
STREET ADDRESS 1151 SW 30TH ST
CITY - ST - ZIP PALM CITY FL 34990

TITLE D
NAME CHARLES SANDERS
STREET ADDRESS 2825 SE CLAYTON ST
CITY - ST - ZIP STUART FL 34987

TITLE D
NAME JAMES LAORIE
STREET ADDRESS 805A COLORADO AVE
CITY - ST - ZIP STUART, FL 34994

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

Date

Daytime Phone #

CR2E037B (12/01)

js 8/1/02