

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90365 024 ***158.75

0375598 AV

DOCUMENT # P00000031028

1. Entity Name
PREPENSE, INC.

Principal Place of Business
270 NW 3RD CT.
BOCA RATON FL 33432-3720

Mailing Address
270 NW 3RD CT.
BOCA RATON FL 33432-3720

2. Principal Place of Business
6640 NW 4 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
6640 NW 4 PLACE
 Suite, Apt. #, etc.

City & State
PLANTATION, FL
 Zip
33317
 Country
USA

City & State
PLANTATION, FL
 Zip
33317
 Country
USA

4. FEI Number
31-1752294

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.

DEWEES, LEDYARD H
270 NW 3RD CT.
BOCA RATON FL 33432-3720

7. Name and Address of New Registered Agent.

Name
BONNIE GRALNIK
 Street Address (P.O. Box Number is Not Acceptable)
6640 N.W. 4 PLACE
 City
PLANTATION **FL** Zip Code
33317

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 *Bonnie Gralnik* **BONNIE GRALNIK** **4-8-02**
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEWEES, LEDYARD H 270 NW 3RD COURT BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREPENSE, INC. ADMINISTRATOR BONNIE GRALNIK 6640 N.W. 4 PLACE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input 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
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

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: *Bonnie Gralnik* **BONNIE GRALNIK** **4-8-02** **954-587-4497**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)