

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90326 001 \*\*\*150.00

DOCUMENT # P00.0000 69282

1. Entity Name

PRIGOR CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7061 GRAND NATIONAL DR

3. Mailing Address

926 SPRING PARK LOOP

Suite, Apt. #, etc.

105A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FLORIDA

City & State

CELEBRATION

FLORIDA

4. FEI Number

59-3658214

Applied For

Not Applicable

Zip

32819

Country

U.S.A.

Zip

34747

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

IVANI P STOLIAR

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

926 SPRING PARK LOOP

City

CELEBRATION

FL

Zip Code

34747

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

04/30/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

IVANI P STOLIAR  
926 SPRING PARK LOOP  
CELEBRATION, FL 34747

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

Daytime Phone #

CR2E034B (12/01)