

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90053 045 ***158.75

DOCUMENT # P00000117740

1. Entity Name

MELISSA D. PRANGE, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1211 LAMPLIGHTER CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARCO ISLAND, FL

City & State

4. FEI Number
59-3690789

Applied For
Not Applicable

Zip
34145 Country
USA

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN A. NOLD, P.A.

Street Address (P.O. Box Number is Not Acceptable)
995 NORTH COLLIER BLVD.

City MARCO ISLAND FL Zip Code 34145

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 (Last name)

(NOTE: Registered Agent signature required when not existing)

DATE

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	D PRANGE, MELISSA D 1211 LAMPLIGHTER CT MARCO ISLAND FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or 12 in agreement with an address on all state filings as follows:

SIGNATURE: Melissa D Prange P.A. MELISSA D. PRANGE 4/29/02 (239) 642-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)