

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90205 021 ***150.00

DOCUMENT # P00000117986

1. Entity Name
PRAIRIE CONSULTING COMPANY

Principal Place of Business
26851 WYNDHURST COURT, STE. 202
BONITA SPRINGS FL 34134

Mailing Address
26851 WYNDHURST COURT, STE. 202
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3699930**

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

GALLAGER, JOHN E
26851 WYNDHURST COURT, STE. 202
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 **D** ☐ Delete
NAME **GALLAGER, JOHN E**
STREET ADDRESS **26851 WYNDHURST COURT, STE. 202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **GALLAGER, AVIS A**
STREET ADDRESS **18155 BEARPATH TRAIL**
CITY-ST-ZIP **EDEN PRAIRIE MN 55347**

TITLE **D** ☐ Delete
NAME **GALLAGER, STEVEN P**
STREET ADDRESS **1005 SIR LANCELOT CIR.**
CITY-ST-ZIP **LEWISVILLE TX 75056**

TITLE **D** ☐ Delete
NAME **GALLAGER, ANN E**
STREET ADDRESS **8488 MINUTEMAN ALCOVE**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE **D** ☐ Delete
NAME **GALLAGER, DAVID A**
STREET ADDRESS **2720 DALI DR**
CITY-ST-ZIP **DALLAS TX 75287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John E. Gallager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 941-948-7908
Date Daytime Phone #

CR2E034 (9/01)