2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000007963 1. Entity Name

PROSPECT CORPORATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business 6090 ESTERO BOULEVARD FORT MYERS FL 33931

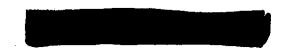
SIGNATURE: 1

Mailing Address

6090 ESTERO BOULEVARD FORT MYERS FL 33931

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Sep 11, 2002 8:00 am Secretary of State 09-11-2002 90103 013 ***550.00



DO NOT WRITE IN THIS SPACE

City & State	.e 	City & State		4. FEI Number 45-0481607 Applied Fo			
Zip	Country	Zip	Country	Certificate of Status Desired	ed 🗀 \$	\$8.75 A	Not Applicate Additional
	6. Name and Address of Cu	urrent Registered Agent		7. Name and Address of New		Fee Requir	red
	,		Name	7. Haine and made or iven	/ Registereu A	gent	
EIFLER, J(Caran Andre				
	TERO BOULEVARD		Street Addres	ess (P.O. Box Number is Not Acceptal	ıble)		
FORT MYF	/ERS FL 33931				· · · · · · · · · · · · · · · · · · ·		
			City				
a The above	and entition, homite this statem		-	·	_ FL	Zip Coo	de
the obligation	named entity submits this statement ions of registered agent.	ent for the purpose of changing	its registered office or regir	gistered agent, or both, in the State of F	Florida. I am fa	miliar with	n, and accer
			,				
SIGNATURE _	Signature, typed or printed name of registered	ri enent and fille if applicable.	Marie Marie Annual Annual Minaraham Par				
		· · · · · · · · · · · · · · · · · · ·	(NOTE: Registered Agent signature requ	uired when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 13, 2002 is			WIII FEE IS \$550.00	750 00 10. Election Campaign F	Einancing	65	
(See criteria		Make Check Pay	i 13, 2002 Fee will be \$7! yable to Department of S			⊅⊃. ∪ Add∉	00 May Be
11.		AND DIRECTORS	12.	State			-
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	EIFLER, JORG		NAME		Ĺ	Change	Addition
STREET ADDRESS	11018 LINNET LANE		STREET ADDRESS				
	NAPLES FL 33999		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME Street address			NAME		-	J VIRANGE	L. Phones.
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			NAME		□] Change	Addition
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			STREET ADDRESS				

PREQUIRED