

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

DOCUMENT # **P01000076205**

1. Entity Name

PROMETHEUS FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

102 N.W. 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

102 N.W. 5TH AVENUE

Suite, Apt. #, etc.

REINSTATEMENT 02

02 NOV -7 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FLA

City & State

DELRAY BEACH, FLA

4. FFI Number

65-1124051

Applied For

Not Applicable

Zip

33444

Country

U.S.A.

Zip

33444

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMY MAGRO

Street Address

**405 6TH STREET
2ND FLOOR**

City

ST. PETERSBURG, FL

Zip Code

33701

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 (applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

31 Oct 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 \$81.25

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: **PRESIDENT - P**
NAME: **ALEX B. LITTLE**
STREET ADDRESS: **1000 SCOTIA DRIVE**
CITY - ST - ZIP: **APT # 206**

TITLE: **HY POLUXO, FLA**
NAME: **33462**

TITLE: **VICE PRES - V.**
NAME: **RICHARD F. KOPPE**
STREET ADDRESS: **239 31 ST COURT**
CITY - ST - ZIP:

TITLE: **WEST PALM BEACH**
NAME: **FLORIDA 33407**

TITLE: **NAME**
STREET ADDRESS: **CITY - ST - ZIP**

TITLE: **NAME**
STREET ADDRESS: **CITY - ST - ZIP**

TITLE: **000008871250**
NAME: **11/07/02--01062--006 **750.00**

TITLE: **NAME**
STREET ADDRESS: **CITY - ST - ZIP**

TITLE: **NAME**
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TITLE: **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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alex Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2002

DATE

561-272-7074

DAYTIME PHONE #

CR2E034B (12/01)