

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 043 ***150.00

DOCUMENT # P020000017915

1. Entity Name

Prophet, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90821 N.E. 16th TERR.

3. Mailing Address

90821 N.E. 16th TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S. PERORAINO

S. PECORAINO

City & State

City & State

FL. LAUDERDALE, FL

FL. LAUDERDALE, FL

Zip

Country

Zip

Country

33304 USA

33304 USA

4. FEI Number

15-3004380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SCOTT J. PECORAINO

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

6663-C BOCA PINES TRAIL

City

BOCA RATON

FL

Zip Code

33433

**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

SCOTT J. PECORAINO
PRESIDENT

PRESIDENT

4/29/03

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.P.S.
SCOTT J. PECORAINO
6663-C BOCA PINES TRAIL
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D.V.T.
SAUNDRA RITA PECORAINO
821 N.E. 16th TERRACE
FL. LAUDERDALE, FL 33304

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)(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: X

SCOTT J. PECORAINO
PRESIDENT

4/29/03 X 4443

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)