

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 048 ***158.75

DOCUMENT # *P02000088508*

1. Entity Name *PRISM Sales Inc*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26411 Hickory Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS FL 34134

City & State

4. FEI Number

46-0495577

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Thomas Kelly

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

26411 Hickory Blvd

City

BONITA SPRINGS

FL

Zip Code

34134

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas Kelly*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>Thomas T Kelly</i>
STREET ADDRESS	<i>26411 Hickory Blvd</i>
CITY-ST-ZIP	<i>BONITA SPRINGS FL 34134</i>
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Kelly Thomas T Kelly* *4/10/03* *239 495 2724*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)