

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 90212 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000111982			
1. Entity Name PRISM MANAGEMENT, INC.			
Principal Place of Business 5019 SW 91 TERRACE COOPER CITY, FL 33328		Mailing Address 5019 SW 91 TERRACE COOPER CITY, FL 33328	
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 51-0432782	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 628 EAST PARK AVE. STE. 200 TALLAHASSEE, FL 32302		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Date _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	00 PRESIDENT JANS, ROBERT 5 BETMARLEA ROAD NORWALK, CT 06850	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Nancy Jans 5 Betmarlea Rd Norwalk, Ct 06850	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with authority to be empowered.			
SIGNATURE: <u>Nancy Jans</u> Nancy Jans 4/20/03 263-8460302			