

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 23 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025085

1. Entity Name

PROSPERITY INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1342 DAVENPORT DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1342 DAVENPORT DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3370290

Applied For

Not Applicable

Zip  
34655

Country

Zip  
34655

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

BAUER, POLLY A.

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

1342 DAVENPORT DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34655

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
BAUER, POLLY A.  
1342 DAVENPORT DRIVE  
NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700009756267  
12/31/02--01014--011 \*\*550.00

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700009756267  
01/28/03--01061--013 \*\*50.00

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CITY - ST - ZIP

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: 

POLLY A. BAUER

Date

Daytime Phone #

gs 1/24