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

ALED

03 JAN 23 AN 8:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT  1.1 Entity Name	# P95000025085			
PROSPERITY	INTERNATIONAL,	INC.	$\searrow$	

1				$\sim$	İ			III.A.A.
D	O NOT WRITE	IN THIS SE	PACI	E				
2. Principal	Place of Business	3. Mailing Address		<del> </del>		mily property the matter of any	111	A7
	1342 DAVENORT DRIVE 1342 DAVEN		PORT	ORT DRIVE		ີ ເປັນ 📉 👌 🖟 ນັ້ນ ເປັນ ເປັນ ເປັນ ເປັນ ເປັນ ເປັນ ເປັນ ເປັ	ے تا تیر	CONTRACTOR ACCUSES
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE	F. B. M. March Str
City & Sta		City & State				FEI Number	$\neg \top$	Applied For
Zip	RT RICHEY, FL	<del></del>		Y, FL	5:	9-3370290		Not Applicable
34655	Country	Zip 34655	Count	ry 	5.	Certificate of Status Desired	\$8.75 Fee Re	Additional
	<u> </u>				7. N	ame and Address of Current Register	ed Agent	t
•.	· •••			Name   BAUEI	R.—PO	LLY-A		-
	DO NOT W	RITE		-Street Ad	dress (P.O	Box Number (s Not Acceptable)		
	IN THIS SP	ACE		1342 DAVENPORT DRIVE				
	III I IIIO OF	ACE		· ·	•			
				City			Zip C	ode
8. The above	named entity submits this stateme	ent for the number of chan-	ning ite so			RICHEY FL ered agent, or both, in the State of Flori		655
***************************************	·	and her bose of critical	and ve ici	Risteled Owe	a ur regist	ered agent, or both, in the State of Flori	aa.	ľ
SIGNATURE								ļ
	Signature, typed or printed name of regi-	stered agent and title if applica	ble. (i	NOTE: Registe	ered Agent s	ignature required when reinstating)	DATE	<del></del>
9. This corpo	pration is eligible to satisfy its Intang	January 1	- May 1 F	ee is \$150.0	10			
Tax filing r	requirement and elects to do so.	Arter M	ay 1, Fee ded UBR	ls \$550.00		10. Election Campaign Financing		5.00 May Be
(See criter	ria on back)	Make Check Pay	able to D	epartment (	of State	Trust Fund Contribution.	A	Added to Fees
11.	OFFICERS AND		T	· · ·		1 4 ÷		———_
TITLE	D		TITLE					
NAME	BAUER, POLLY A.		NAME	:		7,000097!	_55	267 <u>. [8</u>
STREET ADDRESS	1342 DAVENPORT		STRE	ET ADDRESS		12/31/0201014	-U11	**550.0P
CITY-ST-ZIP-	NEW PORT RICHEY	7, FL 34655	CITY	· ST · ZIP				<u></u>
TITLE			TITLE			7000000		7.550348(12/01)
NAME STREET ADDRESS			NAME			7000097 -12/31/0201014		
CITY - ST - ZIP				ET ADORESS		15, 21, 05, -01014-	-U12	**150.Q0
TITLE			$\rightarrow$	ST - ZIP	<del></del>			
NAME			TITLE				_	
STREET ADDRESS				ET ADDRESS	· ·			~
CITY-ST-ZIP ~			ary:	ST ZIP		DO NOT-WRI	FE	
TITLE		<u>.                                      </u>	TITLE			IN THIS SPACE		<del></del>
NAME			NAME			IN THIS SPAC	<b>,</b>	}
STREET ADDRESS			STREE	TADDRESS		• •		-' 'ar
CITY - ST - ZIP		<del></del>	CITY -	ST · ZIP				
TITLE			TITLE					
NAME STREET ADDRESS			NAME	T 40000000		700097 01/28/03-01061-	>5:	
CITY - ST - ZIP				TADDRESS ST - ZIP		01758/03-01061-	-013	**50 <b>.</b> 00
TITLE	<del>·                                      </del>	<del> </del>	TITLE	U All	<del>-</del>	·		
NAME			NAME	1				
STREET ADDRESS				TADORESS	•			ĺ
CITY - ST - ZIP			CITY	ST - ZIP				
<ol><li>I hereby cer</li></ol>	rtify that the information supplied wi	th this filing does not qualif	y for the e	xemption sta	ted in Sec	tion 119.07(3)(i), Florida Statutes, I furti	or codif.	that the
information	indicated on this report or supplem	ental report is true and acc	urate and	that my sign	ature shal	ition (19.07(3)(1), Florida Statutes. I furti I have the same legal effect as if made	under oat	th: 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 onen attachment with an address, with all other like empowered.

SIGNATURE: DE LOUI	POLLY		В
SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR	DIREC	TOR

POLLY A. BAUER