

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 008 ***150.00

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DOCUMENT # P95000056707

1. Entity Name
PRISM COMMUNICATIONS AND MARKETING, INC.



Principal Place of Business
**2739 GLENEDWIN CT
APOPKA FL 32712-4044
US**

Mailing Address
**2739 GLENEDWIN CT
APOPKA FL 32712-4044
US**

2. Principal Place of Business

523 SHANE CIRCLE

3. Mailing Address

523 SHANE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-3330070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIS, WALTER
2739 GLENN EDWIN CT
APOPKA FL 32712-4049**

7. Name and Address of New Registered Agent

Name

WALTER WILLIS

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

523 SHANE CIRCLE

City

WINTER SPRINGS

FL

Zip Code

32708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **WILLIS, WALTER**
STREET ADDRESS **2739 GLENN EDWIN ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **PST** ☒ Change ☐ Addition
NAME **WILLIS, WALTER**
STREET ADDRESS **523 SHANE CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER WILLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

407/739-8939
Daytime Phone #

CR2E034 (10/02)