

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 031 ***150.00

DOCUMENT # P9600000773600 ✓

1. Entity Name

Professional Prophecy INC.

DO NOT WRITE IN THIS SPACE

B0057420

2. Principal Place of Business

530 Drew Ave

Suite, Apt. #, etc.

3. Mailing Address

530 Drew Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont, Florida

City & State

Clermont, Florida

4. FEI Number

59-3401324

Applied For

Not Applicable

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Edward Jordan At. at Law

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

W Hwy 50

City

Clermont, Fla

FL

Zip Code

34711

**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.

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

President

Beth A Lutz

530 Drew Ave Clermont Fla

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President

Wm O'Toole Sr.

2350 Ridge Ave Clermont Fla

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Treas.

Elizabeth O'Toole

2350 Ridge Ave Clermont Fla

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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:

Beth A. Lutz President

3-25-02

(352) 42-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)