

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000019981**1. Entity Name
PRAIRIE LAKE CORPORATIONPrincipal Place of Business
10707 CLAY RD
HOUSTON TX 77041 US
Mailing Address
PO BOX 2863
HOUSTON TX 77252

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
76-0529840
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD**PLANTATION FL**
33324 US**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.

SIGNATURE _____ **02/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VS ☐ Delete
NAME **BEEMAN WALT**
STREET ADDRESS **1241 SEMORAN BLVD UNIT 185**
CITY-ST-ZIP **CASSELBERRY FL 32701**TITLE P ☐ Delete
NAME **DOLAN FRANCIS J**
STREET ADDRESS **1241 SEMORAN BLVD UNIT 185**
CITY-ST-ZIP **CASSELBERRY FL 32701**TITLE VPAS ☐ Delete
NAME **STEVEN E LANE**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**TITLE DVAS ☐ Delete
NAME **RICHARD G SLAUGHTER**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**TITLE DVAS ☐ Delete
NAME **THOMAS A NAPOLI**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**TITLE DVAS ☐ Delete
NAME **CHESTER P SADOWSKI**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPAS ☒ Change ☐ Addition
NAME **LANE STEVEN E**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**TITLE DVAS ☒ Change ☐ Addition
NAME **SLAUGHTER RICHARD G**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**TITLE V ☒ Change ☐ Addition
NAME **MCCAIN DAVID B**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**TITLE DVAS ☒ Change ☐ Addition
NAME **SADOWSKI CHESTER P**
STREET ADDRESS **10707 CLAY RD**
CITY-ST-ZIP **HOUSTON TX 77041**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN E. LANE**VPAS 02/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)