

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098896

1. Entity Name

PRASARA TECHNOLOGIES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90180 009 ***150.00

Principal Place of Business

931 WEKIVA SPRINGS RD
LONGWOOD FL 32779
US

Mailing Address

931 WEKIVA SPRINGS RD
LONGWOOD FL 32779
US

C0065941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 465447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Corp. Tax Dept.,
Lawrenceville, GA

4. FEI Number **59-3482454**

Applied For

Not Applicable

Zip

Country

Zip

30042-5447

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MONTGOMERY, ROBERT~~
~~931 WEKIVA SPRINGS RD~~
~~LONGWOOD FL 32779~~

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, ROBERT A	
STREET ADDRESS	931 WEKIVA SPRINGS RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAO, PRAVEEN	
STREET ADDRESS	931 WEKIVA SPRINGS RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, SCOTT G	
STREET ADDRESS	931 WEKIVA SPRINGS RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montgomery, Robert A.	
STREET ADDRESS	5030 Sugarloaf Parkway	
CITY-ST-ZIP	Lawrenceville, GA 30044-2869	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Necessary, Stephen	
STREET ADDRESS	5030 Sugarloaf Parkway	
CITY-ST-ZIP	Lawrenceville, GA 30044-2869	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyler, Beth H.	
STREET ADDRESS	5030-Sugarloaf-Parkway	
CITY-ST-ZIP	Lawrenceville, GA 30044-2869	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crawford, Susan	
STREET ADDRESS	5030 Sugarloaf Parkway	
CITY-ST-ZIP	Lawrenceville, GA 30044-2869	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beebe, Robert	
STREET ADDRESS	5030 Sugarloaf Parkway	
CITY-ST-ZIP	Lawrenceville, GA 30044-2869	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beth H. Tyler*

Secretary 4/27/01 770-236-3518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)