

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90209 009 \*\*\*150.00

**DOCUMENT # P97000098896**

**1. Entity Name**  
**PRASARA TECHNOLOGIES, INC.**



**Principal Place of Business**  
~~931 WEKIVA SPRINGS RD~~ **220 East Central Parkway**  
~~LONGWOOD FL 32779~~  
**US Altamonte Springs, FL 32701**

**Mailing Address**  
**5030 SUGARLOAF PKWY P.O. BOX 465447**  
**ATTN: CORP. TAX DEPT**  
**LAWRENCEVILLE GA 30042-5447**  
**US**

**2. Principal Place of Business**  
**220 East Central Parkway**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
**Altamonte Springs, FL**  
**Zip** **32701** **Country**

**City & State**  
**Lawrenceville, GA**  
**Zip** **30042** **Country**

**4. FEI Number** **59-3482454** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MONTGOMERY, ROBERT**  
**931 WEKIVA SPRINGS RD**  
**LONGWOOD FL 32779**

**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. 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** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                             |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|-----------------------------|---------------------------------|---|--|---|
| TITLE                      | VPD                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MONTGOMERY, ROBERT A        |                                 | NAME  |  |   |
| STREET ADDRESS             | 5030 SUGARLOAF PARKWAY      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | LAWRENCEVILLE GA 30044-2869 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | PD                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NECESSARY, STEPHEN          |                                 | NAME  |  |   |
| STREET ADDRESS             | 5030 SUGARLOAF PARKWAY      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | LAWRENCEVILLE GA 30044-2869 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | S                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOO, ANGIE                  |                                 | NAME  |  |   |
| STREET ADDRESS             | 5030 SUGARLOAF PARKWAY      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | LAWRENCEVILLE GA 30044-2869 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | T                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STEINER, GEORGE A           |                                 | NAME  |  |   |
| STREET ADDRESS             | 5030 SUGARLOAF PARKWAY      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | LAWRENCEVILLE GA 30044-2869 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | D                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BEEBE, ROBERT               |                                 | NAME  |  |   |
| STREET ADDRESS             | 5030 SUGARLOAF PARKWAY      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | LAWRENCEVILLE GA 30044-2869 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |  |   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |                                 | 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:** \_\_\_\_\_ **Treasurer** **04/30/2003 770-236-4731**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)