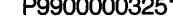
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P99000003251

1. Entity Name PRASE, INC.





Principal Place of Business 8807 TAMIAMI TRAIL EAST

LELY PLAZA

Mailing Address

8807 TAMIAMI TRAIL EAST

LELY PLAZA NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

NAPLES FL 34113

Suite, Apt. #, etc.

City & State

Country

FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90084 011 ***150.00



6. Name and Address of Current Registered Agent

Country

NELSON, SANDRA A 8807 TAMIAMI TRL EAST NAPLES FL 34114

7. Halle and Address of New Hegisteres Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Oits.	Zin Codo

Name and Address of New Registered Agent

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.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE NELSON, SANDRA NAME NAME 11781 LAFERTES LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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

TRA A. Nelson 0/-06-03 239-775-8362

CR2E034 (10/02)