

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025633

1. Entity Name

PRUDENTIAL PARTNERS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90094 041 ***150.00

Principal Place of Business

Mailing Address

45 KENSICO DRIVE, 2ND FLOOR
MOUNT KISCO NY 01536

45 KENSICO DRIVE, 2ND FLOOR
MOUNT KISCO NY 10549-1009

2. Principal Place of Business

1020 8th Ave., South

3. Mailing Address

1020 8th Ave., South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 10

Ste. 10

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

59-3598931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRY, NELL
1020 8TH AVENUE S.
NAPLES FL 34102

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

Nell Terry

Nell Terry

3/24/00

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, 2000 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

TITLE **D** ☐ Delete
NAME **SCOTT, DON C**
STREET ADDRESS **1810 8TH ST. SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete
NAME **SCOTT, DON B**
STREET ADDRESS **231 CHERRY STREET**
CITY-ST-ZIP **KATONAH NY 10536**

TITLE **--** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Don C Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don C Scott, Vice President

3/24/00

Date

Daytime Phone #

CR2E034 19/99